



# Idaho Youth Challenge Foundation Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application due to IDYCA: See Announcement

**Complete  
All  
Applicable  
Boxes**

GPA Pre-Challenge	GPA Challenge	High School Diploma	GED

**Applicant  
Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Indicate your Status ( Statistical purposes only) M  F

**Parent or  
Guardian  
Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_

**Program  
Data**

Program Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Post-  
Secondary  
School  
Data**

Name of post-secondary school you plan to attend (If unknown, please list in order of preference the schools which you have applied.)  
 Use official school names. Do not use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University       2 yr. Community or Junior College  
 Vocational- Technical School       Other, explain \_\_\_\_\_

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Bachelor       Associate       Certificate       Other \_\_\_\_\_

**If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship should be included on all attachments.**

**Activities,  
Awards,  
Honors,  
and  
Leadership**

List all school and ChalleNGe activities in which you have participated during high school grades 9-12. List all community activities in which you have participated without pay during grades 9-12. Include all leadership positions, special awards, honors, and offices held.

Activity	No. of Years Participating	Special Awards, Honors	Offices Held

**Goals  
And  
Aspirations  
Cadet  
Essay**

Make a brief statement or summary of your plans as they relate to your education and career objectives and long term goals. Please also include why you feel you are the best candidate for this scholarship. Attach your answer using the following criteria: 12 point Times New Roman font, double spaced, and no more than two (2) pages in length.

**Application  
Checklist**

The student is responsible for submitting all materials to the Program Director on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when the Idaho Youth Challenge Foundation has received all of the following materials.

Student Application

Completed and Attached Cadet Essay

**Certification**

The Idaho Youth Challenge Foundation has the sole responsibility for selecting recipients based on criteria as set forth in the program's guidelines. This application becomes the property of The Idaho Youth Challenge Foundation.

I acknowledge decisions of The Idaho Youth Challenge Foundation are final. I certify that I meet the basic requirements of the program noted above and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to:

Mail: IDYCF Scholarship, c/o IDYCA, 117 Timberline Drive, Pierce, ID 83546

Fax: (208) 464-1443

Email: 2ndChance@idyouthchallenge.com