



Scholarship Application Template

Student Name:

Class Year: (i.e. Class of 2026, 2027, 2028)

Class Ranking/Standing: (Please provide Registrar documentation)

Scholarship Name: (i.e. Rural Health, Austin Jenkins, or MacKenzie Gerszewski)

***Idaho Resident:** Yes or No. (If yes, provide the name of the high school you graduated from, as well as the city it is located in. If you are an Idaho resident but did not graduate high school in Idaho, please share information about your residency, i.e. attended college in Idaho, attended elementary or middle school in Idaho, etc.)

*Please note the scholarship application asks for information about Idaho residency status. For the purposes of the scholarship, attendance at an institution of higher education in Idaho in and of itself does not qualify for Idaho residency. Please refer to the [**Idaho State Board of Education Residency Determination Worksheet**](#) for more information.

Written Response to Supplemental Questions

(Please note your response should not exceed 1,000 words)