



3100 S. Vista Ave., Ste. 202  
Boise, ID 83705  
208.345.5176  
IAHD.com

## 2024 – 2025 IAHD SCHOLARSHIP FUND APPLICATION FORM

**DEADLINE FOR APPLICATION: Must be emailed or post-marked by March 31, 2024.**

You must complete and submit all requested information requirements before the deadline, or your application will be eliminated from consideration. Students are encouraged to submit their application online by visiting [IAHD.com/scholarship-fund/](http://IAHD.com/scholarship-fund/).

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

College Year (Fall 2024): \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Other \_\_\_\_\_

College, University, or Vocational/Technical School Enrolled In: \_\_\_\_\_

Declared Major: \_\_\_\_\_ Declared Minor: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Name of Parent, Guardian, or Grandparent (Current Highway District Commissioner or Employee):  
\_\_\_\_\_  
Relation: \_\_\_\_\_

Highway District Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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## APPLICATION CHECKLIST

Applicant Name: \_\_\_\_\_

College/University/Vocational School: \_\_\_\_\_

Highway District: \_\_\_\_\_

### COMPLETION CHECKLIST:

\_\_\_\_\_ PERSONAL STATEMENT

\_\_\_\_\_ LIST OF SCHOOL & COMMUNITY INVOLVEMENT

\_\_\_\_\_ LIST OF HONORS & AWARDS

\_\_\_\_\_ OFFICIAL TRANSCRIPT(S) REQUESTED FROM SCHOOL – Sent via mail or email (must be received/post-marked by March 31, 2024)

### SIGNATURE OF APPLICANT

If selected as an awardee, do you give the IAHD Scholarship Fund, Inc. permission to use your first name and/or material from your personal statement to promote the fund and its mission? *Please note, your answer will not impact your application score.* Yes / No

To verify that all information has been accurately provide, please sign below:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name\* (Print): \_\_\_\_\_

*\* Required if the applicant is under the age of 18*