



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

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, 2025).

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*