

**Tschudy Family Scholarship
Intent to Re-enroll Form**

If you are graduating, *Congratulations!* Please complete and return this form.

Name: _____
(last) *(first)* *(middle initial)*

Permanent Address: _____
(number and street) *(city)* *(state)* *(zip code)*

Student ID #: _____ Social Security #: _____

Email: _____ Phone: _____

I intend to enroll Fall 2012 Institution: _____

Major: _____ Anticipated Graduation Date: _____

I do not intend to enroll in 2012 – 2013 due to one of the following:

Graduation End of Eligibility

Other (please explain) _____

This portion to be completed by College/University Official:

Cumulative Grade Point Average: _____

Number of Credits Currently Enrolled: _____

Official's Signature Date

Recipient's Signature Date

Send completed form to:
Dana Kelly, Manager
Student Affairs Program Manager
P.O. Box 83720
Boise, Idaho 83720-0037

Dana.Kelly@osbe.idaho.gov
208-332-1574