Request to Interrupt Service for the Robert C. Byrd Honors Scholarship Program

Name: _____
(Last) *(First)* *(MI)*

Social Security #: _____ Year: _____

*For students requesting an interruption of scholarship benefits, the Robert C. Byrd Scholarship Program rules require a recipient whose continuous enrollment is interrupted for up to twelve (12) months, but who intends to re-enroll, to file a statement of intent **each year**. To assist recipients with the process of deferring (requesting an interruption of continuous enrollment), this form has been created.*

***NOTE**: To qualify, you must renew your scholarship each year (complete page 1). You must also complete this form if you want to defer your scholarship.*

☐ **I do not intend to enroll in 2009 – 2010**

Please state reason for interruption: _____

_____

_____

_____

_____

Semester/Year you plan to re-enroll: _____

I am requesting: ☐ Leave of Absence (1st year) ☐ Suspension (2nd year)

I understand it is my responsibility to complete the Renewal Form and/or request interruption of service for **each year** I will be attending school or interrupting continuous enrollment. If I am unable to complete the necessary forms, I authorize the following person to act on my behalf while I am gone. I will leave directions with my representative and I understand that if they fail to act, reinstatement of my scholarship will be jeopardized.

Name of representative: _____

Address: _____
(Number and Street)

_____
(City)) *(State)* *(Zip)* *(Phone)*

Recipient's signature _____

Requested by January 30th. Required no later than 60 days prior to the first day of the academic term of discontinued attendance.

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

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