Request to Interrupt Service for the Robert R. Lee Idaho Promise Category A Scholarship Program

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

Social Security #: _____ Year: _____

For students requesting an interruption of scholarship benefits, the Robert R. Lee Idaho Promise Category A Scholarship Program rules require a recipient whose continuous enrollment is interrupted for more than four (4) 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 2008 – 2009**

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. My representative must file a statement with the Office of the State Board of Education declaring my intent to re-enroll or to request a subsequent disruption of service as a full-time undergraduate student in an eligible postsecondary institution in Idaho. I, or my representative, must notify the program manager no later than thirty (30) days prior to the first day of the academic term in which I intend to re-enroll. I understand that if I 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