

IdahoSTARS Academic Scholarship Release Time Claim Form

Please return to: IdahoSTARS, Attn: Scholarship Office, 1471 Shoreline Dr., Suite 202,
Boise, Idaho 83702

Sponsor Information

Facility Name:

Student Name:

Facility Address:

Student Address:

Term Covered By Claim: circle one Fall Spring Summer Year: _____
(you must use a separate sheet for each month)

Release Time Claimed

	Date	# of Hours Off <small>Round to nearest 1/2 hour</small>
Sample	1/1/2000	2 hrs.
	Total Hours Claimed	

If release time was NOT taken please explain:

Director's Signature: _____ Scholar's Signature: _____

Release Time Claim forms are due by the 10th of the month following the claimed month.