

# Student Statement

Please return with receipts/statements to:

IdahoSTARS  
Attn: Scholarship Office  
1471 Shoreline, Suite 202  
Boise, ID 83702

## Recipient Information:

Name:

College:

Address:

Child Care Facility:

Scholarship Counselor:

School Term Attended

Check One

Fall

Spring

Summer

20\_\_\_\_\_

## Tuition and Fees

Tuition/Fees amount: \$ \_\_\_\_\_ Tuition paid by: check one

Recipient

Child Care Facility

IdahoSTARS

## Class Schedule

Class Name

Class Number

Credits

Class Name	Class Number	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a Schedule of Classes and a Tuition Bill

Form B is due as soon as you have registered for class!

If you have any questions, please call your counselor at (208) 345-1090