Request to Interrupt Service for the Opportunity Scholarship Program (Fall 2012 – Spring 2013)

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

Social Security #: _____ Year: _____

Opportunity Scholarship rule requires that a recipient whose continuous enrollment is interrupted for more than four (4) months, but who intends to reenroll, must file a statement of intent each year. This form has been created to assist previous award recipients with the process of deferring. Use this form to request an interruption of scholarship benefits.

***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 classes from fall 2012 – spring 2013**

Please state reason for interruption: _____

_____

_____

_____

_____

Semester/Year you plan to re-enroll: _____

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

I agree and understand:
1. It is my responsibility to submit a completed Renewal Form and request an Interruption of Service **each year** I will be attending school or have an interruption of continuous.

2. If I am unable to complete the necessary forms, I authorize the following person as my representative to act on my behalf while I am gone. My representative must file a statement with the Idaho 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.

3. 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