

Washington Scholar--Alternates of 2009

Preliminary Response Form

IMPORTANT: Complete and **return this survey to the Higher Education Coordinating Board postmarked by May 11, 2009.** Please review the related Q&A sheet on the HECB web site at www.hecb.wa.gov/paying/waaidprgm/wsp.asp by clicking "For 2009 Washington Scholar-Alternates."

If the Washington Scholar named in your legislative district forfeits his/her scholarship within one year of award, you may be eligible to receive the remaining value of his/her grant. Your response will be used primarily to identify your current educational plans. We will notify you if the grant should become available within the next year, and will re-verify your eligibility at that time. The courtesy of a reply is appreciated whether or not you will attend an in-state college.

SECTION I: Recipient Information	
Name	Social Security No. (Required)
Permanent Mailing Address -- Street	E-Mail Address
Permanent Mailing Address -- City/State/Zip + 4	Phone No.

SECTION II: Place a check (✓) next to the option that applies to you, fill in the blank(s), and sign where appropriate.

<input type="checkbox"/>	Effective fall term 2009, I will be enrolled at a college or university in Washington state. At this time, my plans are to attend:

(Name the Washington college or university)	
Signature	Date

<input type="checkbox"/>	As of fall 2009, my plans are to attend college out-of-state. I plan to attend:		Expected Entry Date:
_____			_____
(Name the college or university, and the state in which located)			
Signature			Date

<input type="checkbox"/>	I will not attend college during the next academic year (2009-10).
Signature	Date

SECTION III: Award Impact on Recipient

Does the possibility that you may become eligible to receive the Washington Scholars grant influence your choice of institution? Why or why not?

Yes	No	Other:	Please explain briefly:

(more on reverse)

SECTION III, continued:

At the present time, my plans are to be enrolled:

	<i>(Check all that apply)</i>		
	Full-time	Less than full-time	Will not be enrolled
Fall quarter/semester, 2009			
Winter quarter/Spring semester, 2010			
Spring quarter, 2010			
Summer term, 2010			

Will you receive other scholarship(s) for undergraduate study in the next academic year ?

Yes

The total dollar value of all scholarships for the 2009-10 school year is expected to be:

\$ _____

No

I will not receive other scholarships in the 2009-10 school year.

SECTION IV: Optional, for reporting purposes only. This information is useful in the administration of the program, and no personally identifiable data is distributed. Your responses to this section are confidential and will not affect your eligibility for the award.

Ethnic Origin: *(Check as many that may apply)*

- | | |
|--|---|
| <input type="checkbox"/> American Indian/
Alaskan Native | <input type="checkbox"/> Caucasian
(other than Hispanic) |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American
(other than Hispanic) | <input type="checkbox"/> Other (please specify): |

Estimated Family Income: *(Check one)*

- | | | |
|--|--|---|
| <input type="checkbox"/> \$ 0 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$20,000 - \$39,999 | <input type="checkbox"/> \$60,000 - \$79,999 | |
| <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$99,999 | |

Additional questions or comments:

Questions may be directed to Ann M. Voyles, Program Manager, at (360) 753-7843 or via e-mail at <annv@hecb.wa.gov>. **Please return the completed document postmarked by May 11, 2009, to:**

Washington State Scholars Program
Higher Education Coordinating Board
917 Lakeridge Way
P. O. Box 43430
Olympia, WA 98504-3430

Fax: (360) 704-6243 (If faxing, please follow up with original by mail)