

INDIANA RETIRED TEACHERS FOUNDATION SCHOLARSHIP GUIDELINES

A minimum of one scholarship shall be awarded annually in each of the ten (10) geographic areas of the Indiana Retired Teachers Association (IRTA) as long as an application is received from each of these geographic areas and so long as the applicant meets the following criteria.

- a. The student applicant is an Indiana resident and is a child, grandchild, niece/nephew, legal dependent or spouse of a member (associate or regular) or deceased member of the Indiana Retired Teachers Association and also a TRF member.
- b. The applicant must have been accepted into the Education Program of an Indiana college or university to be eligible to apply.
- c. An applicant may apply with sophomore class standing in order to receive the scholarship as a junior, or an applicant may apply with junior class standing in order to receive the scholarship as a senior. Class standing shall be determined according to the records of the Indiana college or university. The scholarship award will be issued to a qualified applicant who is enrolled full-time in the education program of an Indiana based college or university.
- d. Once a student has been selected as a scholarship recipient and enrolls for the following fall term, he or she shall receive the full value of the scholarship.
- e. All financial awards shall be paid directly to the Financial Aid Administrative Office of the individual Indiana college or university in which the respective scholarship award recipient is enrolled.
- f. The application includes a statement justifying a financial need.
- g. If it is in the best financial interest of the scholarship recipient, the recipient may request that the scholarship be held in escrow for one year. With the approval of the Scholarship Committee, such action may be taken.
- h. The applicant must be enrolled in a program leading to a first baccalaureate degree.
- i. A scholarship shall be awarded to an applicant one time only and is nonrenewable.
- j. The application is to be completed by applicant along with all other materials and recommendations and be sent to the Indiana Retired Teachers Foundation (IRTF) office no later than April 29, 2016.**

Part II – Academic Data

1. Student Name _____

Name of Indiana High School from which You Graduated _____

City _____ State _____ Zip _____

Date of Graduation _____

2. Please tell us about your involvement in two or three significant activities (e.g., sports, community, music/drama/student and/or educational) during high school.

3. Please tell us about your activities (e.g., campus, community, education and/or others) since high school. Please indicate years of involvement where applicable.

4. **An official transcript of credits from the Indiana college or university you are now attending must be sent by the Registrar to the Indiana Retired Teachers Foundation office.**

Part III – Statement of Financial Need (Family Financial Statement)

Student Name _____

1. Total cost (including tuition, campus housing and books) for **current** year _____
2. Where do you live? Please check one:
Residence Hall _____ Off Campus _____ With Parents _____ Greek Housing _____
Other (specify) _____
3. Student earnings during the previous summer _____
4. Do you have a job during the **current** school year? Yes ___ No ___
If “yes,” where do you work? _____
What are your average weekly earnings? _____
5. Are you using loans to help with educational expenses? Yes ___ No ___
If “yes,” please list them (name/source and amount) for the **current** year:

6. Are you receiving scholarships or grants for the **current** year? Yes ___ No ___
If “yes,” please list them (name/source and amount):

7. Are parents providing assistance with your education costs for the **current** year?
Yes ___ No ___
If “yes,” what amount is received? _____
8. If you have filed a FAFSA Report, please attach a copy or mail a copy to the IRTF office.
9. Include any extraordinary circumstances that you feel the committee should be made aware of concerning you.

Part IV – Checklist and Mailing Instructions

Please list the name(s) of your parent(s) as you would like to have them listed in the press release if you receive a scholarship.

Should you receive a scholarship, we ask that you send a digital picture to our office for our press releases and for the yearly report to our Representative Assembly.

The following items are to be mailed to the Indiana Retired Teachers Foundation office:

- An official transcript of your grades from an Indiana college/university
- FAFSA Report (if available and if not attached)
- Faculty recommendation letter and recommendation form

Mailing Address:

Indiana Retired Teachers Foundation
2629 Waterfront Pkwy East Drive, Suite 105
Indianapolis, IN 46214

Phone: 317-637-7481
1-888-454-9333 (toll free)
Fax: 317-637-9671

E-mail: info@retiredteachers.org

Please note that this application is to be completed by the applicant and received by the Indiana Retired Teachers Foundation office no later than April 29, 2016.

Part V – Recommendation Form – Indiana Retired Teachers Foundation

Name of applicant _____

The student named above is an applicant for a scholarship offered by the Indiana Retired Teachers Foundation. The purpose of the scholarship is to encourage young people to enter the teaching profession upon completion of their undergraduate degree. The Scholarship Committee is asking that you complete the recommendation form.

* * * * *

APPLICANT: I agree that this evaluation will be kept in confidence and shown only to the Indiana Retired Teachers Foundation Scholarship Committee. I understand that my signature below waives any right of inspection or review of this evaluation which may have been granted under the terms of the Family Educational Right and Privacy Act of 1974.

Signature of applicant _____

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FACULTY MEMBER OR ACADEMIC ADVISOR: As a requirement of the student’s scholarship application, we ask that you complete the recommendation form below and mail it to the following address:

**Indiana Retired Teachers Foundation
2629 Waterfront Pkwy East Drive, Suite 105
Indianapolis, IN 46214**

To the person completing the recommendation form:

How long have you known the applicant? _____

What word(s) would you use to describe the applicant? _____

Compared to other college students you work with, indicate (x) your rating of this student in terms of academic skills and potential as a future teacher.

	Average	Very Good	Excellent	Exceptional
Creative, Original Thoughts	___	___	___	___
Motivation	___	___	___	___
Potential for Growth	___	___	___	___
Summary Evaluation	___	___	___	___

Additional Comments:

Signature of Academic Advisor or Faculty Member _____

Printed Name of Advisor or Faculty Member _____

Title or Position _____ Department _____

University or College _____ Date _____