

INDIANA RETIRED TEACHERS FOUNDATION

2629 WATERFRONT PARKWAY EAST DRIVE, SUITE 105

INDIANAPOLIS, IN 46214

PHONE: 888-454-9333 FAX: 317-637-9671

INFO@RETIREDTEACHERS.ORG

INDIANA RETIRED TEACHERS FOUNDATION SCHOLARSHIP GUIDELINES

One \$2000 scholarship may be awarded annually in each of the ten (10) geographic areas of the Indiana Retired Teachers Association (IRTA) as long as a complete 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 sponsored by a member of the Indiana Retired Teachers Association.
- 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. 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.
- g. The applicant must be enrolled in a program leading to a first baccalaureate degree.
- h. A scholarship shall be awarded to an applicant one time only and is nonrenewable.

Applications to be completed by the applicant along with all other materials and recommendations and returned to the Indiana Retired Teachers Foundation (IRTF)

SCHOLARSHIP APPLICATIONS IRTA FOUNDATION SCHOLARSHIP IRTF Board Approved 12/03/2021

Must be received b	y the Indiana Retire	d Teachers Foundation	(IRTF) by	April 24
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*Name of Applicant:	Last	First	Middle
	Last	FIISL	Wildule
*Home Address:			IN,
	Street	City	St 2
*Phone/email:			
	Phone	E-m	ail
*Indiana Retired Teach (determined by att	ners Association (IRTA) geographical a	irea:	Area
(00000000000000000000000000000000000000			
*County of Home Resid	dence:		Country
			County
*College address:			
(while at college)	Street	City	2
*Are you enrolled in th	e education program of your college	/university?	Yes No
*Are you enrolled in th	ne education program of your college	/university?	Yes No (circle one)
		/university?	
	e education program of your college ersity you are attending:		
*Name of college/univ			(circle one)
			(circle one)
*Name of college/univ *Address of college/ university attending	ersity you are attending:		(circle one) Name
*Name of college/univ *Address of college/ university attending	ersity you are attending:		(circle one) Name Junior Ser
*Name of college/univ *Address of college/ university attending *Expected college class	ersity you are attending:		(circle one) Name
*Name of college/univ *Address of college/ university attending *Expected college class *Name of IRTA member	ersity you are attending:	r City	(circle one) Name Junior Ser (circle one)
*Name of college/univ *Address of college/ university attending *Expected college class	ersity you are attending:	r City	(circle one) Name Junior Ser
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*Name of college/univ *Address of college/ university attending *Expected college class *Name of IRTA member (see scholarship guid	ersity you are attending:	r City	(circle one) Name Junior Ser (circle one) A Sponsor's Name

*Name of Applicant:			
	Last	First	Middle
*Name of high school fro	om which you graduated:		
-		Na	me of high school
*High school Address:			
	City	State	Zip
*Date of high school grad	duation:		
5 5			Graduation date

*Please list your involvement in significant activities <u>during high school</u> (examples: sports, community activities, music, drama, student organizations, etc...) Please indicate years of involvement.

*Please list your involvement in significant activities <u>since high school</u> (examples: campus activities, community activities, educational activities, etc.) Please indicate years of involvement.

Part 3 – Statement of Financial Need (Family Financial Statement)

*Name of Applicant:				
Last	First		Middl	е
*Total cost (include tuition, housing, and bo	oks) for the <u>current</u> year	:		
	,		Total	Cost
*Where will you live next school year (check	cone):		Residence Ha	all
			Off Campus	
			With Parents	. —
			Greek Housir	
Ot	ther (specify)		Greek Housh	'6 <u></u>
*Do you have a job during the <u>current</u> schoo	ol year?		Yes	No
			(circle o	ne)
*If "yes," please answer these questions:	Where do you work	?		
			Name of emplor	yer
	Ave. weekly earning			
			Amount of earn	ings
*Are you using loans to help with education	al expenses?		Yes	No
, , ,	·		(circle o	
*Aro you receiving ashelenshing for the even	ant voor?		Voc	No
*Are you receiving <u>scholarships</u> for the <u>current</u>	ent year?		Yes (circle o	No
			(LITCIE O	ne)
*Are you receiving grants for the current ye	ar?		Yes	No
			(circle o	ne)
*Are your parents providing assistance for t	he current vear?		Yes	No
-,,,,	<u> </u>		(circle o	
-Please indicate parents' approx, an	nual income:	Under	\$25,000	
			923,000 0 - \$49,999	
			0 - \$99,999	
		Ş100,0	00 or more	
*Will you be receiving <u>scholarships</u> for <u>next</u>	_year?		Yes	No
-If "yes," please list them (name/sou	urce and amount, then to	otal.)	(circle oi	ne)
			<u>\$</u>	
*Mill you be receiving grouts for most ward			Vac	NI -
*Will you be receiving <u>grants</u> for <u>next</u> year? -If "yes," please list them (name/sou	urea and amount that to	stal)	Yes	<u>No</u>
-in yes, please list them (name/sou	arce and amount, then to	otal.)	(circle oi	ne)
			*	
			<u>\$</u>	
4 – Extraordinary Circumstances			Yes	No
			(circle or	ne)
*Name of Applicant:				

*Include any extraordinary circumstances that you feel the committee should be made aware of concerning you and your education.

Part 5 – Essay

*Name of Applicant:

*In a maximum of 300 words, explain your decision to enter the field of education.

Part 6 – Recommendation Letter – Indiana Retired Teachers Foundation
Fuit o - Recommendation Letter - malana Retired Teachers Foundation

Last

First

Middle

<u>APPLICANT:</u> 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:

FACULTY MEMBER OR ACADEMIC ADVISOR:

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.

A requirement for the student's scholarship application is a letter of recommendation from a faculty member. Please sent the letter directly to the following address. Thank you!

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

Part 7 – Checklist and Mailing Instructions

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

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PLEASE NOTE

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.

CHECKLIST:

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

An official transcript of your grades from an Indiana college/university

A completed application (make sure Parts 1-7 are completed and are all included)

A faculty recommendation letter (to be sent directly from faculty member to IRTA)

Mailing Address:

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

E-mail: info@retiredteachers.org Fax: (317) 637-9671

Questions:

Phone: 317-637-7481 1-800-454-9333 (toll free)

**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 24.

