

**IU Kokomo
Staff Council Scholarship Award
Scholarship Application
(Please print or type)**

Name: _____

Home Address: _____

Social Security #: _____

Department: _____

Department Address: _____

Credit Hours Completed: _____ G.P.A. _____

Field of Study: _____

Qualifications

The Applicant must:

Be an appointed, bi-weekly staff employee with at least one year of service; be pursuing an associate, baccalaureate, or graduate degree at IU Kokomo; have completed at least six credit hours at IU and have a cumulative G.P.A. of at least 3.0; and be active in Staff Council. All qualifications will be verified by the appropriate department on campus.

Submit a letter of recommendation from a previous or current supervisor or professor.

Scholarship Fund contains \$1200 to be split evenly between all qualified applicants, with not more than \$300 per recipient. All recipients will receive $\frac{1}{2}$ of the awarded scholarship for the fall semester and $\frac{1}{2}$ for the spring semester. Recipient must be enrolled and taking at least three credit hours.

I hereby certify the above information is correct and give my permission for the appropriate departments (Bursar, Financial Aid, Registrar, Human Resources) to verify the above information.

Signed: _____ Dated: _____

*An annual scholarship will be given by the IU Kokomo Staff Council if funds are available.

*If recipient drops a class before its completion, the scholarship must be repaid to the IU Kokomo Staff Council in full.