

**IU Kokomo**  
**Staff Council Scholarship Award**  
**Scholarship Application**  
**Annual June 1<sup>st</sup> (Fall) and October 1<sup>st</sup> (Spring) Deadline**  
**(Please print or type)**

Name: \_\_\_\_\_

University ID #: \_\_\_\_\_

Department/Bldg./Room #: \_\_\_\_\_

Credit Hours Completed: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Field of Study: \_\_\_\_\_

Credit Hours Enrolled: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_

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**Qualifications**

The Applicant must:

Be an appointed, bi-weekly staff employee with at least one year of service; be pursuing an associate, baccalaureate, graduate degree or certificate at IU Kokomo; have completed at least six credit hours at IU Kokomo 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.

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Award:           \$300/per academic year for one class per semester  
                      \$500/per academic year for two classes per semester

All recipients will receive ½ of the awarded scholarship for the fall semester and ½ 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, and 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 the class is dropped before its completion, the recipient must repay the scholarship to the IU Kokomo Staff Council in full.