

**IU Kokomo Staff Council
Scholarship Application
Annual June 1st (fall) and October 1st (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: _____

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.

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.