

**IU Kokomo**  
**Part-Time Employee Staff Council Family Scholarship Award**  
**Application**  
**March 1, 2007 Deadline**  
**(Please print or type)**

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

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

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

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

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

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

Number of Credit Hours: \_\_\_\_\_

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**Qualifications**

The Applicant must:

- Be a spouse
- Or a child/stepchild, and on the first day of the session for which an award is being sought: is under 24 years of age, and is unmarried, and meets the IRS support test as a dependent of the employee.

The employee (parent/spouse) must have at least one year of service and work 20 hours per week and, employee (parent/spouse) must be an **active** member of staff council and, family member must be pursuing an associate, baccalaureate, or graduate degree at IU Kokomo and, completed at least six credit hours at Indiana University Kokomo and have a cumulative G.P.A. of at least 3.0 and, limited to two per family annually.

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Award:                      \$400/per academic year for part or full time

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.