

**IU Kokomo**  
**Part-Time Employee Staff Council Family Scholarship Award**  
**Application**  
**Annual June 1st 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, graduate degree or a certificate 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.