**This private scholarship fund is not affiliated with any institutions of higher or post-secondary education.**

**Applicant Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant College Student ID:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Application Delivery – Deliver completed applications with **all** supporting documents and references for this scholarship to Matt Souza (mfsouza@iupuc.edu) or (Matt Souza, IUPUC, 4601 Central Avenue, Columbus, Indiana 47203). Applications received after January 31, 2019 may be considered but only to the extent that funding remains available.

Eligibility – Applicants must meet the following criteria:

* Born in Mexico, Guatemala, Honduras, El Salvador, or Nicaragua
* Live in Bartholomew County, Jackson County, or Shelby County Indiana
* Have received or applied for a DACA certificate from the United States Government (Form I-797 Notice of Action), or are required to pay non-resident tuition at Indiana public institutions of higher education
* Admitted or enrolled (or expect to be admitted or enrolled) in Indiana University-Purdue University Columbus (IUPUC), Ivy Tech Community College Columbus, or Purdue Polytechnic Institute Columbus – this scholarship applies only to courses taken at the Columbus campus of these three institutions
* Have a high school degree (or be eligible to receive one by July 31, 2019) from any public high school in Bartholomew County, Indiana (Columbus East, Columbus North, CSA New Tech, Hauser) or be a resident of Bartholomew County (second consideration will be given to applicants with high school degrees from Jackson and Shelby counties)
* Provide all information requested in the Application and comply with any other conditions required or information requested

Limitations – This scholarship is subject to the following limitations and requirements at the sole discretion of the provider:

* The scholarship is created for the purpose of providing funds that supplement other funds the recipient will already have available for the recipient’s education – it is expected that the recipient will make every effort to directly provide as much funding for her/his education as possible through other scholarships, personal work income, support from family, etc.
* The scholarship will pay for up to 30 credit hours of tuition, plus fees, for the academic year 2019-2020 assuming all other conditions are met by the student – the number of credit hours per semester paid for by the scholarship is at the sole discretion of the scholarship fund
* The scholarship will be paid directly to the higher education institution in which the recipient is enrolled
* The scholarship recipient must have at least a 3.0 cumulative GPA (on a 4.0 scale) to be eligible to apply. Secondary consideration may be given to applicants with GPA of at least 2.7 on a 4.0 scale.
* At least two weeks prior to the beginning of the semester or academic term to which the scholarship funds will be applied, the recipient must deliver to Matt Souza (mfsouza@iupuc.edu) an invoice generated by the education institution showing tuition and fees owed for the prospective semester along with the schedule of classes for which the student has enrolled
* Scholarships will be awarded based on the sole discretion and decision of the DAF and HFBC

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

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail (both personal and college):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ (or legal guardians’) names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduation Year: \_\_\_\_\_\_\_\_

(**Please attach your high school transcript to this application** – it can be unofficial and through December 31, 2018. You will be asked also to supply your transcript through June, 2019 when it is available.)

What is the date of your DACA certificate (Form I 797) and when will it expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have not yet received your DACA certificate, when did you apply and when do you expect to receive it?

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If you do not have DACA, what evidence of your place of birth will you supply? (Please attach a copy of this evidence to this application)

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**Financial Resources**: What financial contributions will you make towards your higher education?

* List other scholarships and grants you have received or have applied for

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* Family support – describe the amount your family will contribute toward your 2017-2018 education

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Earnings from work and savings – describe the amount you will contribute toward your 2017-2018 education

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**Admission** – Please insert the name of your college and your student identification number here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to demonstrate that you are admitted to IUPUC, Ivy Tech Columbus, or Purdue Polytechnic Columbus.

**Other Information**

**Describe your high school extra-curricular activities; include jobs and volunteer activities in which you have participated**

**Explain why you are a good candidate for this scholarship**

**Attach an essay of about 500 words to this application answering this question: “What will my college degree help me accomplish?”**

I affirm that all information I provide in connection with this application is accurate and complete. I authorize the release of my permanent high school record and any other information that may be useful in evaluating my application for this scholarship to the Scholarship Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**Application Checklist – please initial below to indicate that you have completed each of the application requirements. You initials on this page must accompany your application and serve as your representation that you have delivered the application and its required accompanying documents.**

**Your application is not complete and will not be considered until you have confirmed delivery of each of the following items.**

**YOUR INITIALS**

\_\_\_\_\_\_\_ My application form is completed and signed by me.

\_\_\_\_\_\_\_ My DACA, US form 797 Notice of Action, is attached or otherwise accompanies this application or other evidence of my place of birth is attached

\_\_\_\_\_\_\_ My most current unofficial high school transcript is attached or otherwise accompanies this application and, if I have taken some college courses, my most current unofficial post-secondary transcript is also attached

\_\_\_\_\_\_\_ My student identification number for one of IUPUC, Ivy Tech Community College Columbus, or Purdue Polytechnic Institute Columbus is attached or otherwise accompanies this application

\_\_\_\_\_\_\_ I affirm that I am a resident of Bartholomew County, Jackson County, or Shelby County, Indiana

**References**: Using the Academic Reference form below, please supply two references. Your references must be from high school or college teachers or counselors who know your schoolwork.

**ACADEMIC REFERENCE FOR SCHOLARSHIP APPLICATION**

**Deliver all required items, including the application, to: Attention Matt Souza, IUPUC room CC255, 4601 Central Ave., Columbus, Indiana 47203 (or via .pdf to** **mfsouza@iupuc.edu****)**

**Name of Scholarship Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two references are required. Both academic references must be from teachers or counselors at the Applicant’s high school or college. It is preferable that the academic references be from classroom teachers who know the academic work of the applicant. No reference may be from a relative of the applicant.

Rate the characteristics below upon which you can give an informed opinion. Circle your responses.

|  |  |  |  |
| --- | --- | --- | --- |
| Academic* Consistency of performance
* Working to potential
 | Low | Average | High |
| Character* Initiative
* Dependability
* Resourcefulness
 | Low | Average | High |
| Maturity* Cooperativeness
* Ability to get along with people
 | Low | Average | High |
|  |  |  |  |

**Please add your narrative comments about the Applicant below and on the next page (*your narrative comments will be the most important portion of this academic reference*)**.

Reference Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Note: The Family Education Rights and Privacy Act of 1974 grants the student the right to review letters of recommendation unless the student waives that right. The student’s signature below indicates the student has waived the right; if the student has not signed below, he/she may request and will be granted access to this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature