

EVANSVILLE RETIRED TEACHERS ASSOCIATION
of the Southwest Division of the
Indiana State Teachers Association

SCHOLARSHIP APPLICATION FORM

Please type or print all information.

1. Applicant's Name _____
2. University Attending _____
Do you plan to return to this university next school year? _____
3. Current Academic Year of Study (circle) Second Third Fourth
4. Are you planning a career in teaching? _____ What is (are) your major area(s) of study? _____
5. Write a concise statement about your areas of study, your personal plans and your professional goals. _____

6. Letter(s) of recommendation regarding your qualifications and promise of success in your field(s) from one or more of your major area instructors must accompany your application. Please provide name(s) and title(s) here.

7. Your date of birth _____ Place of birth _____
8. Your present address _____
9. Your permanent address _____
10. Marital Status: single _____ married _____. If married, give name and occupation of spouse. _____
If you have children, give their ages. _____
11. Are you currently employed? _____ If so, employer name _____
_____ Number of hours you work per week _____

12. List any monetary awards/recognition you have received. For each, give the dates, name of award or project, place, and amount of stipend.

13. List other awards, honors, recognitions you have received.

14. Discuss briefly your need for financial assistance for the next school year.

15. Are there other factors or special circumstances you feel need to be given consideration? Please explain.

Applicant's Signature _____

Date _____ Social Security Number _____

SUBMIT COMPLETED APPLICATION FORM, TRANSCRIPT OF ACADEMIC