

DOROTHY BICKERS MEMORIAL SCHOLARSHIP APPLICATION

Criteria for Eligibility

1. Candidate must be an undergraduate.
2. Candidate must be currently enrolled as an Elementary or Secondary Education major at IU Southeast.
3. Candidate **may** demonstrate need for financial aid.
4. Candidate must demonstrate high academic achievement.

Name _____

Address _____
Street City State Zip

1. Total family income: \$_____ (Adjusted family income from most recent Federal Income Tax forms)
2. G.P.A. _____
3. Briefly explain your academic achievements. (Add pages if necessary)
4. Briefly describe the contributions you hope to make to the field of education. (Add pages if necessary)
5. Briefly explain your financial need for this scholarship. (Complete the attached sheet)

You may include any other information that you would like for us to know on the back of this sheet.

Signature _____ Date _____

YOUR INCOME AND RESOURCES

Estimate expenses and resources **for the period in which you are requesting financial aid**. Spring and Fall semesters=4 months or 16 weeks; one summer session=6 weeks; one intensive session=3 weeks.

Semester/Session: _____ From _____ to _____ Year _____

NOTE: MARRIED STUDENTS INCLUDE TOTAL FAMILY BUDGET AND COMBINED SALARIES.

EXPENSES		RESOURCES	
Tuition and fees	\$ _____	From GI benefits	\$ _____
Books and materials	\$ _____	or other government programs	
Food	\$ _____	From grants-in-aid, loans,	\$ _____
Rent/House payment	\$ _____	and scholarships (specify)	
Transportation (i.e. gas, bus fare)	\$ _____	From all other	\$ _____
Personal (clothing, haircuts, laundry, recreation, etc.)	\$ _____	sources except salary(ies)	
Insurance premiums (during period)	\$ _____	<u>Combined salaries for period</u>	
Health (dental, medical, drugs)	\$ _____	<u>in which you are seeking aid</u>	\$ _____
Child Care	\$ _____	Your salary	\$ _____
Utilities	\$ _____	Spouse's salary	\$ _____
Outstanding loans (itemize on separate sheet)	\$ _____		
Other (itemize on separate sheet)	\$ _____		
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

Expected Deficit (Expenses minus Resources) \$ _____

Marital Status _____ Number of dependent children living at home _____

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS CORRECT.

Signature

Date

Return application form to:
IU Southeast School of Education
ATTN: Honors and Scholarship Committee
Hillside Hall 0020
4201 Grant Line Road
New Albany, IN 47150
Due Date: January 29, 2010