

**HARRISON COUNTY COMMUNITY FOUNDATION
PEARSON GRADUATE STUDIES SCHOLARSHIP**

**Donors: Estate of Velma Rae Pearson &
Harrison County Community Foundation
GRADUATE APPLICATION**

Criteria for Eligibility: Graduate Applicant

1. Candidate must be a currently enrolled IU Southeast student seeking a Master's degree program and admitted to the School of Education.
2. Candidate may have three years or less of teaching experience.
3. Candidate must be employed by any of the three Harrison County School Corporations and be a resident of Harrison County.
4. Candidate must submit an education plan for completing a graduate program of study, including financial need, goals, and a timeline for degree completion.

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	\$ _____	From all other	\$ _____
(i.e. gas, bus fare)		sources except salary(ies)	
Personal (clothing, haircuts, laundry, recreation, etc.)	\$ _____	<u>Combined salaries for period</u>	
Insurance premiums	\$ _____	<u>in which you are seeking aid</u>	\$ _____
(during period)		Your salary	\$ _____
Health (dental, medical, drugs)	\$ _____	Spouse's salary	\$ _____
Child Care	\$ _____		
Utilities	\$ _____		
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