

# ANGELA MARIE McINTOSH MEMORIAL SCHOLARSHIP APPLICATION

## Criteria for Eligibility

1. Candidate must have senior standing.
2. Candidate must be currently enrolled as an Elementary Education major at IUS.
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 \$ \_\_\_\_\_  
 Books and materials \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Rent/House payment \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 (i.e. gas, bus fare)  
 Personal (clothing, haircuts, laundry, recreation, etc.) \$ \_\_\_\_\_  
 Insurance premiums \$ \_\_\_\_\_  
 (during period)  
 Health (dental, medical, drugs) \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Outstanding loans \$ \_\_\_\_\_  
 (itemize on separate sheet)  
 Other \$ \_\_\_\_\_  
 (itemize on separate sheet)

From GI benefits \$ \_\_\_\_\_  
 or other government programs  
 From grants-in-aid, loans, \$ \_\_\_\_\_  
 and scholarships (specify)  
 From all other \$ \_\_\_\_\_  
 sources except salary(ies)  
Combined salaries for period  
in which you are seeking aid \$ \_\_\_\_\_  
 Your salary \$ \_\_\_\_\_  
 Spouse's salary \$ \_\_\_\_\_

**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**