



**INDIANA RETIRED TEACHERS ASSOCIATION FOUNDATION (IRTAF)**

**2629 WATERFRONT PARKWAY EAST DRIVE, SUITE 105**

**INDIANAPOLIS, IN 46214**

**PHONE: 888-454-9333 FAX: 317-637-9671**

**[INFO@RETIREDTEACHERS.ORG](mailto:INFO@RETIREDTEACHERS.ORG)**

**IRTAF SCHOLARSHIP GUIDELINES**

**SCHOLARSHIP APPLICATIONS DUE PRIOR TO 12:00 AM E.S.T. ON APRIL 1**

One \$2000 scholarship may be awarded annually in each of the ten (10) geographic areas of the Indiana Retired Teachers Association (IRTA) as long as a complete application is received from each of these geographic areas and so long as the applicant meets the following criteria.

- a. The student applicant is an Indiana resident.
- b. The applicant must have been accepted into the Education Program of an Indiana college or university to be eligible to apply.
- c. An applicant may apply with sophomore class standing in order to receive the scholarship as a junior, or an applicant may apply with junior class standing in order to receive the scholarship as a senior. Class standing shall be determined according to the records of the Indiana college or university. The scholarship award will be issued to a qualified applicant who is enrolled full-time in the education program of an Indiana based college or university.
- d. Once a student has been selected as a scholarship recipient and enrolls for the following fall term, he or she shall receive the full value of the scholarship.
- e. All financial awards shall be paid directly to the Financial Aid Administrative Office of the individual Indiana college or university in which the respective scholarship award recipient is enrolled.
- f. If it is in the best financial interest of the scholarship recipient, the recipient may request that the scholarship be held in escrow for one year. With the approval of the Scholarship Committee, such action may be taken.
- g. The applicant must be enrolled in a program leading to a first baccalaureate degree.
- h. A scholarship shall be awarded to an applicant one time only and is nonrenewable.

**Applications to be completed by the applicant along with all other materials and recommendations and returned to the Indiana Retired Teachers Association Foundation (IRTAF) prior to 12:00 AM on April 1.**

INDIANA RETIRED TEACHERS ASSOCIATION FOUNDATION SCHOLARSHIP APPLICATIONS

IRTF Board Adopted 05/18/2022

Must be received in the office of the Indiana Retired Teachers Association Foundation (IRTAF) by  
**April 1 (Midnight - EST)**

**Part 1 – Personal Data**

\*Name of Applicant: \_\_\_\_\_  
*Last First Middle*

\*Home Address: \_\_\_\_\_  
*Street City Zip*

\*Phone/email: \_\_\_\_\_  
*Phone E-mail*

\*Indiana Retired Teachers Association (IRTA) geographical area:  
(determined by attached Indiana IRTA areas map) \_\_\_\_\_  
*Area*

\*County of Home Residence: \_\_\_\_\_  
*County*

\*College address:  
(while at college) \_\_\_\_\_  
*Street City Zip*

\*Are you enrolled in the education program of your college/university? \_\_\_\_\_  
*Yes No*  
*(Select one)*

\*Name of college/university you are attending: \_\_\_\_\_  
*Name*

\*Address of college/  
university attending \_\_\_\_\_  
*Street City Zip*

\*Expected college classification for the upcoming term: \_\_\_\_\_  
*Junior Senior*  
*(select one)*

\*How did you find out about the Indiana Retired Teachers Association Foundation scholarship?

**Part 2 – Academic Data**

\*Name of Applicant: \_\_\_\_\_  
*Last First Middle*

\*Name of high school from which you graduated: \_\_\_\_\_  
*Name of high school*

\*High school Address: \_\_\_\_\_  
*City State Zip*

\*Date of high school graduation: \_\_\_\_\_  
*Graduation date*

\*Please list your involvement in significant activities **during high school** (examples: sports, community activities, music, drama, student organizations, etc...) Please indicate years of involvement.

\*Please list your involvement in significant activities **since high school** (examples: campus activities, community activities, educational activities, etc.) Please indicate years of involvement.

**\*\*An official transcript of credits from the Indiana college or university you are now attending must be sent by the University Registrar to the Indiana Retired Teachers Association Foundation office. (address on attached guideline page)**

**Part 3 – Statement of Financial Need (Family Financial Statement)**

\*Name of Applicant: \_\_\_\_\_  
*Last*
*First*
*Middle*

\*Total cost (include tuition, housing, and books) for the **current** year: \_\_\_\_\_  
*Total Cost*

\*Where did you live during the **current** year (check one):  
 Residence Hall \_\_\_\_\_  
 Off Campus \_\_\_\_\_  
 With Parents \_\_\_\_\_  
 Greek Housing \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

\*Did you have a job during the **current** school year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*If “yes,” please answer these questions:      Where do you work? \_\_\_\_\_  
*Name of employer*  
 Ave. weekly earning \_\_\_\_\_  
*Amount of earnings*

\*Are you using loans to help with educational expenses? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*Are you receiving **scholarships** for the **current** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*Are you receiving **grants** for the **current** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*Are your parents providing assistance for the **current** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*Total anticipated cost (include tuition, housing, and books) for **next** year: \_\_\_\_\_  
*Total Cost*

\*Will you be receiving **scholarships** for **next** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*  
 -If “yes,” please list them (name/source and amount, then total.)

Anticipated Total Scholarships \$ \_\_\_\_\_

\*Will you be receiving **grants** for **next** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*  
 -If “yes,” please list them (name/source and amount, then total.)

Anticipated Total Grants \$ \_\_\_\_\_

\*Are your parents providing assistance for **next** year? \_\_\_\_\_  
*Yes*      *No*  
*(select one)*

\*Where will you live **next** year? \_\_\_\_\_

**Part 4 – Extraordinary Circumstances**

\*Name of Applicant: \_\_\_\_\_  
*Last* *First* *Middle*

\*Include any extraordinary circumstances that you feel the committee should be made aware of concerning you and your education.

**Part 5 – Essay**

\*Name of Applicant: \_\_\_\_\_  
*Last* *First* *Middle*

\*In a **maximum of 300 words**, explain your decision to enter the field of education.

**Part 6 – Recommendation Letter – Indiana Retired Teachers Association Foundation**

**Name of applicant:** \_\_\_\_\_

*Last*

*First*

*Middle*

*APPLICANT: I agree that this evaluation will be kept in confidence and shown only to the Indiana Retired Teachers Association Foundation Scholarship Committee. I understand that my signature below waives any right of inspection or review of this evaluation which may have been granted under the terms of the Family Educational Right and Privacy Act of 1974.*

**Signature of applicant:** \_\_\_\_\_

**\*\*FACULTY MEMBER OR ACADEMIC ADVISOR:\*\***

*The student named above is an applicant for a scholarship offered by the Indiana Retired Teachers Association Foundation. The purpose of the scholarship is to encourage young people to enter the teaching profession upon completion of their undergraduate degree.*

*A requirement for the student's scholarship application is a letter of recommendation from a faculty member. Please send the letter directly to the following address. Thank you!*

**Indiana Retired Teachers Association Foundation  
2629 Waterfront Pkwy East Drive, Suite 105  
Indianapolis IN 46214**

**(MUST BE RECEIVED IN THE OFFICE BY APRIL 1 – THANK YOU!)**

## **Part 7 – Checklist and Mailing Instructions**

Please list the name(s) of your parent(s) or guardian(s) as you would like to have them listed in the press release if you receive a scholarship.

### **\*\*PLEASE NOTE\*\***

***Should you receive a scholarship, we ask that you send a digital picture to our office by May 1. Pictures are used for our press releases and the yearly report to our 17,000 retired teacher members.***

### **CHECKLIST:**

The following items are to be sent to the Indiana Retired Teachers Association Foundation office:

- \_\_\_\_\_ An **official** transcript of your grades from an Indiana college/university
- \_\_\_\_\_ A completed application (**make sure Parts 1-7 are completed and are all included**)  
***(Incomplete applications will not be evaluated.)***
- \_\_\_\_\_ A faculty recommendation letter (to be sent directly from faculty member to IRTA)

**Applications are reviewed and scored by IRTA member volunteers from the ten geographical areas.**

### **Mailing Address:**

Indiana Retired Teachers Association Foundation  
2629 Waterfront Pkwy East Drive, Suite 105  
Indianapolis IN 46214

E-mail: [info@retiredteachers.org](mailto:info@retiredteachers.org)

Fax: (317) 637-9671

### **Questions:**

Phone: 317-637-7481  
1-800-454-9333 (toll free)

**\*\*Please note that this application is to be completed by the applicant and **received** by the Indiana Retired Teachers Association Foundation office no later than midnight (ET), April 1.**



IRTA Area Map

