Indiana State Coroner's Association, Inc. Scholarship Award

INFORMATION SHEET

The Indiana State Coroner's Association, Inc. awards scholarships to full-time students pursuing a field of forensic science, death investigation or related field.

The candidate shall maintain at least twelve semester hours and maintain a grade point average of not less than 2.1 on a 4.0 scale.

Recipients must be a resident of Indiana and attend an Indiana college or university. Applicants will be chosen based upon their GPA and need-based eligibility. Preference will be given to those students related to an active or former member, retired or deceased member of the Indiana State Coroner's Association, Inc.

A copy of your high school transcripts or college transcripts is required with the completed application.

You must have the county coroner in which you are a resident sign the completed application.

Incomplete applications will NOT be accepted for consideration.

Deadline for all applications is March 1st.

For information and application contact:

Lisa Barker, Executive Director Indiana State Coroner's Association, Inc. 3501 East 1000 South Lafayette, IN 47909

Phone: 765-479-1934.

This file allows typing in the different fields. You may use Word to fill in the questions, save and print out the document. After you finish typing, please collect the necessary documents and signatures then mail to the address listed at the bottom of the form.

INDIANA STATE CORONER'S ASSOCIATION, INC. SCHOLARSHIP APPLICATION FORM

APPLICANT DATA

Mr./Ms./Mrs						
	(Last Name)	(First)	(Middle)		(Maiden)	
Social Security Nu	mber		Marital Sta	tus_		
Spouse		Spouse	e's Employer/Occupation			
Date of Birth						
E-Mail			Cell Phone			
Permanent Addres	s		City, State, Zip	D		
County of Residen	ce		Student's own Model Ye	ar of Car		
Military Service			U.S. Citizen?	Yes	No	
SCHOOL DATA						
Elementary School	Attended		Dates Attended			
High School Attend	led		Graduation Date			
SAT Total			_ ACT Score Composite			
Are you a 21st Cer	ntury Scholar? Yes	No				
(You must have be	en notified by the h	nigh school th	at you qualified for the 2	1st Century	/ Scholar Program)	
POST HIGH SCHO	DOL DATA					
College/School You	Plan to Attend_					
Other Colleges/Sch	nools You Have App	lied to				
Have You Been' Ac	cepted? Yes N	lo Majo	r Field of Study			

Circle Year in College/School	ol in Coming Year:	Freshman	Sophomore	Junior	Senior	Graduate	Other
Enrollment Status	Full-time	Half-time	Less Th	an Half-	time		
Indicate House Plans:	On Campus	Off C	ampus	Will C	ommute		
Anticipated College/School Graduation Date							

Vocational Objective_

PARENT DATA

Father	Employer	Occupation
Home Address		
Mother	Employer	Occupation
Permanent Address		City, State, Zip
Ages of Brothers and Sisters		
Number in College		(Including parents, siblings, and yourself)

FINANCIAL DATA

Estimated Schools Costs/this coming year	Estimated \$ Available/this coming year					
Tuition \$	from Parents \$					
Room and Board \$	from Student \$					
Misc. Expenses \$	Other Sources \$					
Total Costs \$	Total Resources \$					
Please report any unusual family/personal/financial circumstances to consider						

EMPLOYMENT DATA

Describe any paid work experience during the past four years.

Employer	Position	Length of Employment	No. Of hours worked Per Week

ACTIVITIES/ AWARDS DATA

Describe below **significant** extracurricular, community, volunteer and church activities you have participated in during the past four years. Indicate special awards/honors/leadership experiences. IF YOU DO NOT USE THIS SHEET, submit **ONLY ONE SHEET** of your significant activities (please do not attach copies of awards, certificates, etc.).

Activity	9	10	11	12	College Year	Award/Honor	Leadership Experience

REQUIRED INFORMATION

1. Are you related to anyone who is or has been a member of the Indiana State Coroner's Association? If yes; explain

2. Have you ever been arrested? If yes; explain

PERSONAL COMMENTS

In your own handwriting, evaluate a significant experience or accomplishment that has special meaning to you. Remember an experience or accomplishment is something you have done, not an award you have received. Please feel free to attach additional comments.

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. My signature indicates my permission to release information to the scholarship committee. If student is under 21 years old; please include the parent's signature.

Parent's Signature	Date
Student's Signature	Date
County Coroner Signature	Date

Return COMPLETED application to:

Indiana State Coroners Association c/o Lisa Barker 3501 East 1000 South Lafayette, IN 47909

Deadline March 1st of each year.