



THE LEGACY SCHOLARSHIP APPLICATION FORM

ANNUAL DEADLINE FOR SUBMISSION: **October 1**

Purpose of the Scholarship

To provide financial aid to deserving students who are enrolled at Ivy Tech Community College and are the offspring of an Ivy Tech graduate.

Amount of Scholarship

The Ivy Tech Alumni Association will award amounts ranging from \$300 to \$1,000 to students chosen from applications submitted.

Selection

The Legacy Scholarships are awarded based on an applicant's academic record and college and community involvement.

Guidelines and Eligibility

Candidates must meet the following criteria for scholarship consideration:

1. The applicant must be the child of an Ivy Tech Community College alumnus (*for purposes of this scholarship, "alumnus" is defined as a graduate of Ivy Tech, having received a T.C., A.S., A.A. or A.A.S. degree*).
2. The applicant must be enrolled at Ivy Tech Community College during the spring semester following submission of the application.
3. The applicant must complete all items on the application form.
4. The application must be accompanied by a copy of the applicant's official transcript.

Award Restrictions

The scholarship is applied first toward Ivy Tech Community College tuition and fees, and second toward purchase of books and supplies.

Deadline

Legacy Scholarships are awarded for spring semester. Applications must be submitted to the Alumni Association office on or before the Oct. 1 date prior to the spring semester for which the scholarship is sought.



STUDENT SECTION

Name of Applicant: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Expected Year of Graduation: _____ Program: _____ Degree: _____

Last school you attended: _____ Did you graduate? _____

G.P.A. _____ (*You must also submit transcripts with this application*)

1. Do you participate in college activities? If so, please describe.

2. Are you active in community organizations or participate in any service projects?

3. Why have you chosen the vocational/career field you are pursuing?

PARENT SECTION

Parent who is Ivy Tech graduate: _____

Parent’s Address _____

Year Parent Graduated from Ivy Tech _____ Campus _____

Parent Main Phone (____) _____ 2nd Phone (____) _____

Parent E-mail _____

SIGNATURE SECTION

I verify that all information provided in this application is accurate. If selected for a Legacy Scholarship, I give Ivy Tech permission to use my information in a public announcement.

(Student Applicant’s Signature)

(Date)

SUBMISSION OF APPLICATION

Applications can be submitted through either of the following methods:

1. Submit completed application and transcript to your local Ivy Tech campus Alumni Office *or*
2. Return completed application and transcript to:

Ellen Mathia
Office of the President, Room 311
Ivy Tech Community College of Indiana
50 West Fall Creek Parkway North Drive
Indianapolis, IN 46208-5752

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- *Applications must be received by the state Ivy Tech office above no later than Oct. 1.*
 - *Incomplete applications will not be considered.*
 - *Awards are made only for the spring semester following application.*
 - *Applications must include a transcript of your Ivy Tech Community College courses*