



Dr. Stana Michael Minority & Graduate Scholarships

Scholarship Form

Minority Scholarship Graduate Scholarship Minority and Graduate Scholarship

Applicant Information

Full Name:

Last *First* *M.I.*

If married please list
maiden name:

Date: _____

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone:

() _____

Work Phone:

() _____

Cell Phone:

() _____

Email:

Birthdate:

Social Security Number

Month – Day – Year

Additional Information

** Note: These ethnic groups are defined as follows, using the minority found in the Federal Acquisition Regulations 48 CFR 52.222-27:*

1. *American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification);*
2. *Asian or Pacific Islander (all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands);*
3. *Black (all persons having origins in any of the black African racial groups not of Hispanic origin); and*
4. *Hispanic (all persons of Mexican, Puerto Rican, Central American, or other Spanish culture or origin, regardless of race).*

Racial or Ethnic Group (Please complete if applying for the Dr. Stana Michael Minority Scholarship)

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Gender

- Female Male

U.S. Citizen

- Yes No

University Information

Applicant's Name: _____
Last *First* *M.I.*

Name of University: _____ Date: _____

Address: _____
Street Address

City *State* *ZIP Code*

Phone: () _____

Expected date of graduation: _____

Certification of Program Acceptance

I, _____, hereby certify that _____
(Name of advisor) (Name of applicant)

has been accepted or is currently enrolled in the _____
(Name of University)

School Psychology program.

Advisor's Signature _____

Advisor's E-Mail _____

Date _____

Applicant's Name _____ Date _____

Letter of Recommendation

The IASP Stana Michael Scholarships are awarded annually to students enrolled in a school psychology program in the state of Indiana. The IASP Stana Michael Minority Scholarship is designated specifically for award to a minority student.

The student whose name appears above is applying for the scholarship. The Selection Committee would appreciate your help as they consider his/her application. In your recommendation, please report to the following points as fully as you can.

1. How long have you known the applicant and in what capacity?
2. What are the applicant's strengths and talents?
3. Please give your assessment of the applicant's interest in the field of School Psychology.
4. Please include your assessment of the applicant's interpersonal skills.
5. Please feel free to add any special attributes or skills which would relate to the field of School Psychology.

Please return your letter of recommendation directly to the student who will include it in his/her application packet. **Please do not send your recommendation to IASP.**

Applicant Release

For completion by the applicant:

An original signed copy of this release must accompany **EACH** Letter of Recommendation submitted in the application packet; a total of three (3) letters of recommendation are required. **Please make copies of this page and complete for each Letter of Recommendation you submit.**

I, _____, hereby authorize the person writing this Letter of
(Applicant's name)
Recommendation, _____, to release any and all information

required on this form to the IASP Scholarship Committee.

Applicant Signature

Date

Additional Application Materials

1. Attach a transcript of all undergraduate and graduate course grades received up to the present date. A photocopy is acceptable.
2. Attach an essay explaining your interest and goals in the field of school psychology. Identify specifically what you hope to accomplish with the assistance of this scholarship.
3. Attach a brief description (not to exceed 500 words or two double-spaced pages) that includes what you believe you have done to improve your school or community.

Verification of Application

I have read and understand the conditions of this application; the information contained and included within is true, complete and correct; and to the best of my knowledge and belief, I am eligible to receive the Scholarship.

If the Indiana Association of School Psychologists Dr. Stana Michael Minority/Graduate Scholarship should be awarded to me, I recognize I will have a moral obligation to repay any sums paid to me if an investigation reveals that I have voluntarily failed to continue to demonstrate the qualities that led to my selection.

Applicant's Name

Signature of Applicant

Date

I verify that this student is currently enrolled and is a student in good standing.

Signature of Program Director

Date

Please return completed application packet to:

Indiana Association of School Psychologists
125 West Market Street, Suite 300
Indianapolis, IN 46204
Phone # 317-472-6955
Toll Free # 866-518-4472