

Barden Gary Scholarship

Ivy Tech Community College

1. This scholarship is a \$1,250 per semester award (\$2,500 total)

ELIGIBILITY REQUIREMENTS FOR APPLICANTS:

1. Must be a resident of Gary, Indiana.
2. Must be enrolled full-time and degree-seeking in both the fall and spring semesters during the 2008-09 academic year at Ivy Tech Community College.
3. Must have a minimum cumulative GPA of 3.5 at the end of the 7th semester of high school or after completing at least 12 hours in a degree program at Ivy Tech Community College.
4. Complete this form in its entirety and provide all required documents by the deadline.

2. Applicant Information:

Name _____ SS# XXX-XX-_____

Address _____

Phone _____ High School _____ GPA _____

If other than a 4.0 scale, please explain _____

Class Rank _____ SAT Scores: Verbal _____ Math _____ ACT Score: _____

Compass Test Scores: Math _____ Reading _____ Writing _____ Algebra _____

3. In order to complete your evaluation request, we will need the following information:

- a. Letter of support from a teacher or college faculty member.
- b. A 250-500 word essay responding to the question, "How will this scholarship assist me with my educational goals and help better my future?"
- c. An itemization of significant awards, offices held, employment, interests, and activities throughout your educational career that have contributed most to your development.
- d. An explanation of why you believe your academic record and leadership experiences make you an eligible recipient of the Barden Gary Scholarship.
- e. High School or college transcript on file with the Ivy Tech Community College Office of Admissions.

I certify that the information on this application is accurate and complete. My signature indicates my permission to release my academic records to the Scholarship Committee. Further, I agree to allow my name, picture, hometown, and academic program to be used for publicity purposes in reference to this scholarship.

Signature _____ Date _____

Please submit this scholarship application, along with your essay and letter of support, to the Office of Financial Aid at the campus you plan to attend on or before Tuesday, July 15, 2008.

BARDEN GARY SCHOLARSHIP

Letter of Recommendation

Student's Name _____

SS# XXX-XX- _____

Please evaluate this student in terms of leadership, motivation, and academic potential.

Teacher/College Faculty member submitting letter of support:

Name _____ Title _____

Address _____

Phone Number _____ E-mail Address: _____

High School/Institution: _____

Signature _____ Date _____

