



Career Scholarship Account Student Application Instructions

SCHOLARSHIP ACCOUNTS DIVISION



Onboarding

Student eligibility check list and documentation needed to apply for the Career Scholarship Account program:

1. Indiana resident
2. Enrolled in a public or private school in the state of Indiana
3. 10th, 11th 12th grade student up to the age of 22 years old
4. Participate in an approved CSA program inclusive of work-based learning experience

Parent/Guardian/Emancipated Student relationship to student applicant

Provide **one** of the following documents:

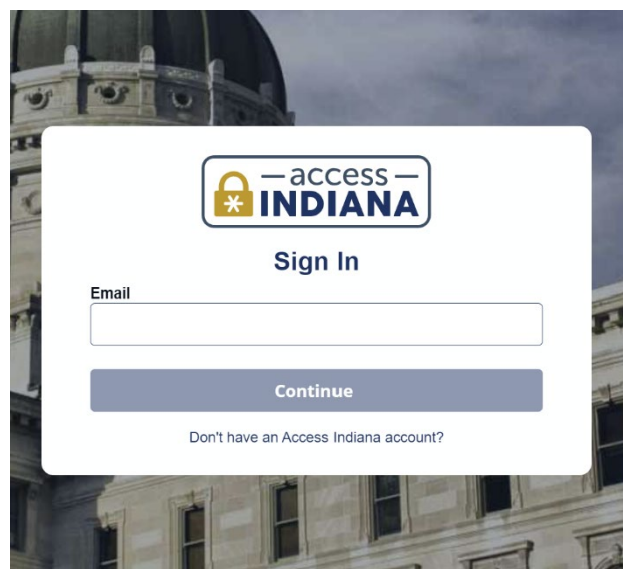
- Natural Parent with Birth Certificate
- Adoptive Parent with Adoption Certificate or Reissued birth certificate with the adoptive parent(s) named.
- Court Appointed Guardian with Court Order
- Divorced Parent with Court Ordered Custody
- Foster Parent with Foster Care Documentation
- Emancipated Student with Formal Emancipation Documentation

Application Steps for the Career Scholarship Account

Parents may submit applications for their student through October 1st at:

<https://www.in.gov/tos/csa/>

<https://tos-insa-prod.azurewebsites.net//>

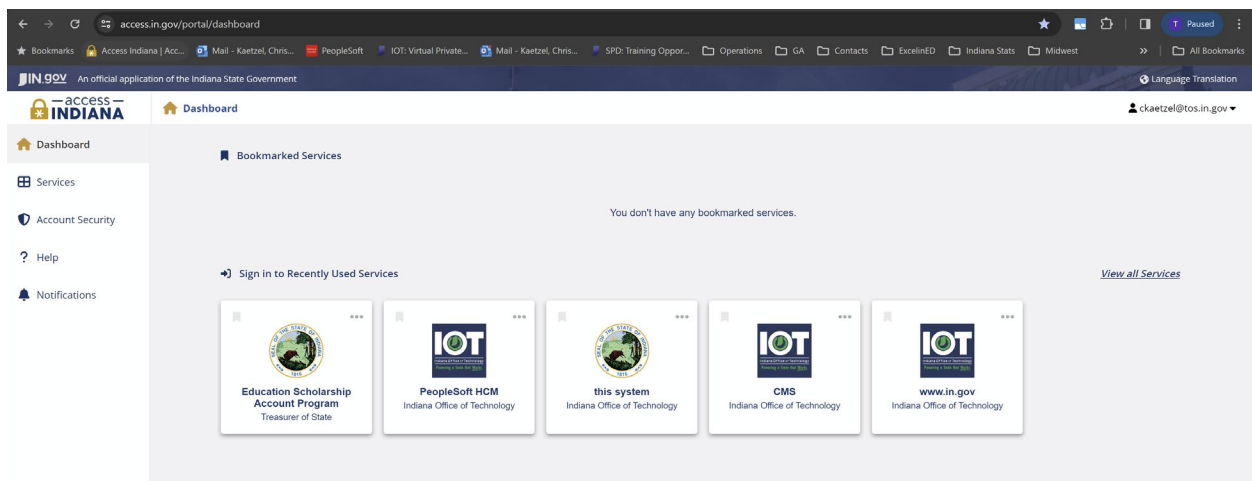


Access Indiana – You most likely have an account. BMV, Department of Revenue, Family & Social Services Administration, Secretary of State, State of Indiana, Indiana Department of Health.

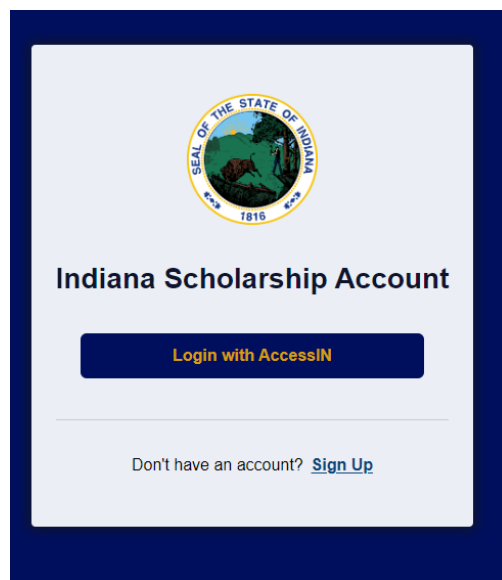
Use your same username and password.

A SINGLE LOGIN & PASSWORD FOR YOUR INDIANA SERVICES


Access Indiana is a portal that allows citizens to use one login and one password (single sign-on) to access multiple services from the State of Indiana. Login is a safe and secure way to easily sign-in to a variety of applications. There will be a growing catalog of services that use Access Indiana as the login. Access Indiana is a streamlined and simplified way for citizens to interact with state government.



Once you have your AccessIN account set up and have logged into the ESA application, you will be taken to this onboarding screen.



Select **Parent** or **Emancipated Student**, and press or click **Next**



Indiana Scholarship Account

Onboarding

Sign Out

To get started, tell us who you are.



Parent



Emancipated student



Tutor



Paraprofessional



Business



School

Next →

Confirm your contact information that has been transferred from your Access Indiana account. NOTE: Account Holder will have to confirm this information at first login.

Welcome, CSA!

Please verify the information below is correct.

First name CSA Parent
Last name Woods
Email woodsparent+csa@gmail.com
Phone +13178888888

I authorize Scholarship Accounts Division to deliver text messages to the mobile telephone number(s) I provide and certify that I am the legal owner of the mobile device I registered. I understand that I will incur any charges that may result from receiving text messages. My consent or lack of consent will have no effect on my child's scholarship.

[← Previous](#)

[Next →](#)

Welcome, CSA!

Please provide your address.

Line1 4407 Learning Lane	
Line2	
City Indianapolis	
State IN	Zipcode 46257

[← Previous](#)

To **Start an Application**, add a student click

+ New Student

Students

+ New Student



Oh no! You do not currently have any students.

To start an application, you must add a student first.

Add **Student Test Number (STN)** and **Date of Birth**

New Student to the Scholarship Program	If a student exists in the Scholarship Account Portal, you will see the below message.
<p>New Student</p> <p>The Student Test Number (STN) can be found on your student's IEP, SP, ESA SP or Choice SP documentation. If you do not have an STN, please contact the Special Education department at your school district to obtain one.</p> <p>Student Test Number (STN) 62</p> <p>Date of birth 01/01/2015</p> <p><input type="button" value="Cancel"/> <input type="button" value="Continue"/></p>	<p>New Student</p> <p>A student with this STN is already present in the system.</p> <p>Stn 77</p> <p>Date of birth 01/01/2015</p> <p><input type="button" value="Cancel"/> <input type="button" value="Continue"/></p>

Add Birth Certificate

New Student

First name

Mock

Last name

Student 63

Student Test Number (STN)

63

Date of birth

2015-01-01

Birth Certificate



Drag & drop to upload or [select file](#)
(Max file size: 40MB)

Birth Certificate.docx

Cancel






Create Student

Don't know your Student Test Number (STN) – we'll look it up for you with the below information.

New Student

If you don't know your student's STN please provide the following demographic information to aide our staff in locating your student's record. While your student's record is being located you will be able to begin the application process for some scholarships; however, final approval may be dependent on verification of the student record.

[I know my STN](#)

First name
Middle name
Last name
Date of birth mm/dd/yyyy 
Language Select one 
Race Select one 
Sex Select one 
Proof of Age 

Now you're ready to start an application.

Start an application

Mock Student 63

STN: 63

Student Information		Edit
First Name:	Mock	
Last Name:	Student 63	
STN:	63	
DOB:	01/01/2015	
Birth Certificate:	Birth Certificate.docx	

Recent Applications
This student does not have any recent applications.
Start an Application →

 Delete Student

Select Scholarship Type

Education Scholarship Application

Career Scholarship Application

Cancel

Start Application

Step 1: Student Information

Select the students **CSA provider and Student** to whom you are applying for a scholarship.

Dependent on the CSA provider selected you will see one of two screens below:

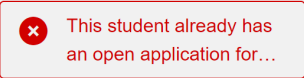
Section 1 of 5

Student Information

Select the CSA provider (Intermediary, Business, or Organization) the student is working with:

CSA Provider
Provider Business 1

Select a student.

Mock Student 63 STN: 63 	Mock Student 101 STN: 101	+ Add New Student
--	-------------------------------------	--------------------------

Previous

Next →

Student Information

Select the CSA provider (Intermediary, Business, or Organization) the student is working with:

CSA Provider
Ivy Tech

Employer Name

Mock Student 101
Ed-ID: 101

Step 2: Contact Information

Verify Account Holder contact information. This information transferred from your Access Indiana account.

Section 2 of 6

Contact Information

Confirm the following contact information is correct. If the information needs to be updated, please edit the necessary fields in your [Account Settings](#) before continuing.



Name:	CSA Kaetzel
Email:	kaetzeltina+csa@gmail.com
Phone:	+13177679983
Address:	4407 Learning Lane Indianapolis, IN 46257

[← Previous](#)

[Next →](#)

Step 3: Relationship to Applicant

Depending on your relationship to the applicant, additional documentation may be required- examples below.

Natural Parent – you have already uploaded a birth certificate, no need to provide additional documentation.

Relationship to Applicant

What is your relationship to the applicant? *

Natural Parent

Adoptive Parent

Court Appointed Guardian

Divorced Parent with Court Ordered Custody

Foster Parent

Self (Emancipated Student)

Relationship to Applicant

What is your relationship to the applicant? *

Natural Parent

Adoptive Parent

Court Appointed Guardian


Divorced Parent with Court Ordered Custody

Foster Parent

Self (Emancipated Student)

You have indicated your relationship as the Court Appointed Guardian. This requires the following document: Court Order.

Proof of Relationship *



Drag & drop to upload or [select file](#)
(Max file size: 40MB)

Step 4: School Information

Section 4 of 5

School Information

What high school do you attend? *

The Crossing Educational Center



2024-2025 school year grade level: *

10

11

12

12+

You may save your application at any time.

2024 Career Scholarship Application

Due: 02/06/2025

[Instructions/Information](#)



20% Complete

Student Information

Contact Information

Relationship to Applicant

School Information

Agreement

Save Progress

Step 6: Agreement

Section 6 of 6

Agreement

In accordance with the statutory and regulatory guidance of Indiana Education Scholarship Account I affirm that:

- I have read, understand, and agree to the [Parent/Guardian/Emancipated Eligible Student Agreement](#) for the relevant scholarship program for which I am applying.
- I understand the Scholarship Account Division will create my ClassWallet account on my behalf.
- Depending on your program you may not receive CSA funds in your ClassWallet account, the CSA funds will be paid to your CSA provider on your behalf.

Application Submission and Certification

By signing and submitting this application, the undersigned hereby acknowledges the information provided on this application is true and accurate to the best of his/her knowledge. You should be aware that when you sign and submit this application, the information you share may be disclosed with the Indiana Department of Education, business partners of the Treasurer of State, and participating entities of the CSA program. The Treasurer of State may collect information about you from other sources to verify information submitted in the application.

By providing your name below, you understand that the signing and submitting of this application in this fashion is the legal equivalent of having placed your handwritten signature on the submitted application and this affirmation.

Acknowledgement

I acknowledge and agree to the above statement about my application.

Please type your name below to confirm your acknowledgment.

Parent/Guardian Full Name	CSA Parent
---------------------------	------------

You will receive an **email notification** of your application submission from CSA@tos.in.gov.

Application has been submitted

2024 Education Scholarship Application

Submitted on: 04/08/2024

Student: Mock Student 63

STN: 63

Submitted

✔ Your application has been submitted.

← Back to All Applications

1 Student Information

Student Name

Mock Student 63

STN

63

Date of Birth

01/01/2015

Birth Certificate

[Birth Certificate.docx](#)



2 Contact Information

Parent/Guardian Name

CSA Kaetzel

Email

kaetzeltina+csa@gmail.com

Phone

+13177679983

County

-

Street Address

4407 Learning Lane

Apt/Suite/Unit

City

Indianapolis

State

IN

Zipcode

46257

3 Relationship to Applicant

Relation

Natural Parent

Proof of Relationship

-

View application status on the home page and check your email to receive notification from CSA@tos.in.gov.

Applications

[+ New Application](#)

Families are invited to apply for their student's scholarship for the 2024-2025 school year. This includes students interested in the Indiana [Education Scholarship Account](#) (ESA) and [Career Scholarship Account](#) (CSA).

Displaying 1 item

Application	Student	Date Submitted	Type	Year	Status
CSA2024-00002	Mock Student 63	04/08/2024	CSA	2024	Submitted

Need to **add another student** and **start another application**?

Click **Applications** on the menu bar.



Indiana Scholarship Account

 Applications

Student Information

Select the CSA provider (Intermediary, Business, or Organization) the student is working with:

CSA Provider
Select One ▼

Select a student.

Mock Student 63
STN: 63

✖ This student already has an open application for...

+ Add New Student

Follow previous steps to submit another application for Career Scholarship Account or Indiana Education Scholarship Account.

Scholarship Accounts Division

Office of the Indiana Treasurer of State
101 West Ohio Street, Suite 1450
Indianapolis, IN 46204

Office Hours

Monday – Friday 8:00 AM – 4:30 PM

CSA@tos.IN.gov

(317) 232-0723

www.in.gov/tos/scholarship/

