Print Form

INCARCERATED YOUTH OFFENDERS (SPECTER) GRANT APPLICATION
2006-07 ACADEMIC YEAR APPLICATION

State Form 50525 (R2/1-06)

STATE OF INDIANA
STATE STUDENT ASSISTANCE COMMISSION OF INDIANA

Student Information: Please Print or Type ☐ Male ☐ Female

Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ MM/DD/CCYY

Correctional Facility Name _____

City: _____ State: IN Zip: _____

Are you an United States Citizen? ☐ Yes ☐ No Do you have a high school diploma or GED? ☐ Yes ☐ No

Have you previously received Specter Grant funds? ☐ Yes ☐ No If yes, which year(s)? _____

Signature: _____ Date: _____ MM/DD/CCYY

Facility Contact Information: Please Print or Type

Last Name: _____ First Name: _____ Phone: _____ _____ (Area Code) Telephone and Extension

Job Title: _____

City: _____ State: IN Zip: _____

E-Mail: _____ Fax: _____ _____ (Area Code) Telephone and Extension

College: _____ DOC#: _____ Student's DOC Number EPRD: _____ MM/DD/CCYY

I certify the above named student is eligible to be released within five years from the start of the term for which this application is being submitted (including a youth offender who is eligible for parole within such time); and is twenty-five (25) years of age or younger at the start of the term for which this application is being submitted; and that the student information reported above is correct.

Signature: _____ Date: _____ MM/DD/CCYY

College/University Information: Please Print or Type

School Name: _____ Title IV Code: _____ Term: _____ Semester or Qtr CCYY

FAA Last Name: _____ First Name: _____ Phone: _____ _____ (Area Code) Telephone

City: _____ State: IN Zip: _____ E-Mail: _____

#Cr Hrs Enrolled: _____ Tuition: $ _____ Fees: $ _____

Grant Amount Requested: $ _____ Does any portion of the amount include charges for classes which were dropped - if so, how much and when was the class dropped?: $ _____ Drop Date: _____ MM/DD/CCYY

Semester Start Date: _____ MM/DD/CCYY Semester End Date: _____ MM/DD//CCYY Refund Period End Date: _____ MM/DD/CCYY

I certify that the above named student is eligible to receive Specter Grant funds and has maintained enrollment beyond the refund period.

Signature: _____ Date: _____ MM/DD/CCYY

1. The student must complete the 2006-2007 Free Application for Federal Student Aid (FAFSA) and submit it to the federal processor as instructed. The student also must complete the Student Information section and forward the Specter Grant Application to the Facility Contact. With the exception of State Student Assistance Commission of Indiana (SSACI) Edit 01 (late) the FAFSA must be void of federal or SSACI edits.

2. The Facility Contact must review the Student Information section of the Specter Grant Application for accuracy, make any necessary corrections, and complete the Facility Contact section. When completed, the Facility Contact must send the Application to the representative in the financial aid office of the college/university where the student is enrolled.

3. The college/university financial aid representative must complete the college/university section of the Specter Grant Application including verifying that the student has maintained enrollment past the refund period. Students may receive up to $1,500.00 Specter Grant per calendar year and no more than five Specter Grants during his/her acdemic career. If the student is also eligible for SSACI Frank O'Bannon Grant funds, Specter Grant funds pay first, before SSACI Frank O'Bannon Grant funds. If Frank O'Bannon Grant funds are claimed by the college prior to Specter application review and payment, it will be necessary for the college to refund Frank O'Bannon Grant funds if an overpayment occurs.

4. The college/university financial aid representative must forward the Application to the SSACI Program Administrator for processing.

CONTACT INFORMATION

Indiana Department of Correction Representative: John Nally, Director of Education IDOC Indiana Government Center South 302 West Washington Street, 329 Indianapolis, IN 46204 Phone: 317-233-3111 Fax: 317-234-0956 Email: jnally@doc.in.gov	Incarcerated Youth Offenders (Specter) Grant Program Attn: Outreach Coordinator State Student Assistance Commission of Indiana (SSACI) 150 West Market Street, Suite 500 Indianapolis, IN 46204 Phone: 317-232-2350 Fax: 317-232-3260 Email: grants@ssaci.in.gov
Ball State University - 001786 Maralee Clayton Office of Scholarships and Financial Aid 245 Lucina Hall Muncie, IN 47306 Phone: 765-285-5600 Fax: 765-285-2173 Email: mclayton@bsu.edu	Grace College - 001800 LaDonna R. Bloom Office of Financial Aid 200 Seminary Drive Winona Lake, In 46590 Phone: 574-372-5100, Ext.6164 Fax: 574-372-5144 Email: bloomlr@grace.edu
Indiana State University - 001807 Kathleen White Correction Education Program 238 Erickson Terre Haute, IN 47809 Phone: 812-237-8398 Fax: 812-237-2347 Email: swhite12@isugw.indstate.edu	Oakland City University - 001824 Caren Richeson Office of Financial Aid 138 North Lucretia Street Oakland City, IN 47660-1099 Phone: 812-749-1225 Fax: 812-749-1438 Email: cricheson@oak.edu
Purdue University North Central - 001826 Gerald Lewis Office of Financial Aid 1401 South US 421 Westville, IN 46391 Phone: 219-785-5279 Fax: 219-785-5653 Email: Glewis@pnc.edu	Ivy Tech Community College of Indiana-Terre Haute-008547 Penny Kinley Office of Financial Aid 7999 US 41 South Terre Haute, IN 47802 Phone: 812/298-2297 Fax: 812-298-2294 Email: pkinley@ivytech.edu