Print Form

MINORITY TEACHER & SPECIAL EDUCATION SERVICES SCHOLARSHIP PROGRAM

2008-09 ACADEMIC YEAR APPLICATION

State Form 44535 (R6/02-08)

State of Indiana

State Student Commission of Indiana

If, the application is completed in Adobe Acrobat please ***print,*** then ***sign and date*** the application. ***Submit the completed application to the Financial Aid Department of the college or university that you will attend.***

Please complete in Adobe Acrobat, type or print.

Applicant's Name: *Last* *First* *MI*	**Relative's Name:** *Last* *First* *MI*
Permanent Address:	**Address:** *(Please furnish different address from applicant's.)*
City: **State:** **Zip:**	**City:** **State:** **Zip:**
Home Area Code and Telephone Numbers:	**Area Code and Telephone Numbers:**
Social Security Number:	***Note: Applicant's Social Security Number is used as an identifier and will remain confidential.***

Please indicate your ethnic background:	**Black:** ☐	**Hispanic:** ☐	**Caucasian:** ☐	**Other:** ☐	*(Define)*
Which certification program are you pursuing?	**Teaching:** ☐	**Physical Therapy:** ☐	**Occupational Therapy:** ☐	**Special Education Teacher:** ☐	
Are you a graduate student working towards your first teacher certification?	**Yes:** ☐	**No:** ☐			

Please read carefully and sign the agreement.

Applicant Agreement:

I agree that the acceptance of this scholarship indicates that I will enroll on a **full-time** basis in one of the following certification programs: 1) Teaching, 2) Special Education, 3) Occupational Therapy, or 4) Physical Therapy. I understand that I may receive up to four (4) annual scholarships **(if funds are available)** but, I may take up to six (6) years to complete my program from the start of receiving the first scholarship. I agree to teach or practice in a field of Teaching, Special Education, Occupational or Physical Therapy, on a **full-time** basis. Teaching must be in an accredited Indiana elementary or secondary school for three (3) out of the first five (5) years following the completion of my first Teaching, Special Education, Occupational, or Physical Therapy certification program. Unless I have already completed a baccalaureate degree, my graduation will coincide with the completion of a teaching certification program. I agree to **refund** the scholarship plus collection costs if I **do not** fulfill my obligation to teach or practice in Indiana within the specified time period. I hereby authorize my college or university to release any needed information to the State Student Assistance Commission of Indiana.

Applicant's Signature:	**Date Signed:**

Applicants please do not write in the section below.

Name Of College/University:	**Federal School Code Number (Title IV):**	**Amount Awarded:** **Fall:** / **Spring:** / **Total:**		
Please place check mark in one of the boxes to the right to indicate; Is the student a renewal or first time applicant?		**Renewal Applicant:** ☐	**First Time Applicant:** ☐	
Print Name Of School Official:	**Signature Of School Official:**		**Date:**	

School Official - Please make two (2) copies, one each for applicant and file. Send the original application to SSACI.

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Instructions

Please complete this application and ***send it directly to the college or university that you will attend.*** For a listing of eligible colleges and universities, their Federal School Code Number Title IV and to obtain their addresses visit our website: http://www.in.gov/ssaci/colleges/Minority.html Each college or university will select its own scholars. Renewal scholars must reapply each year during their eligibility period. *Please note: Applying for the scholarship does not guarantee that you will be chosen to receive an award.*

Program

The Minority Teacher Scholarship was created by the 1988 Indiana General Assembly to address the critical shortage of Black and Hispanic teachers in Indiana. In 1990, the Indiana General Assembly amended the Minority Teacher Scholarship program to include the field of Special Education, and in 1991 the fields of Occupational and Physical Therapy were added to include therapists for schools and rehabilitation facilities. Scholars may receive up to four (4) scholarships **(if funds are available)** and, may take up to six (6) years to complete their certification program from the date of receiving their first scholarship. Because scholarships are not guaranteed renewable, scholarship recipients must reapply each year. Scholarships are non-transferable between colleges and/or universities. The Minority Teacher & Special Education Services Scholarship program is administered by the State Student Assistance Commission of Indiana (SSACI) which is responsible for record keeping and for allotting funds to approved colleges and universities.

Criteria

Applicant must comply with the following:

- A minority student (defined as Black or Hispanic) seeking a teaching certification.
- A student seeking a Special Education teaching certification.
- A student studying for an Occupation or Physical Therapy certification.
- A student that is an Indiana resident and a citizen of the United States.
- A **full-time** student admitted to an eligible college or university.
- Complete and submit the **Free Application For Federal Student Aid (FAFSA)** form.
- **Not be** in default on a state or federally sponsored student loan.
- Meet all other minimum criteria established by the school the student is attending.

Obligation

Individuals who are selected and accept the Minority Teacher & Special Education Services Scholarship are obligated to teach in Indiana or practice as a Occupational or Physical Therapist on a fulltime basis for three (3) out of five (5) years following graduation. If a scholar fails to fulfill their obligation to teach or practice in Indiana, complete the Teaching or Occupational or Physical Therapy certification program within the six (6) year period, or drops out of the Teaching or Occupational or Physical Therapy program he or she must refund all scholarship dollars received from the program plus collection costs. During the obligation phase it is the applicant's responsibility to provide their current name, address and their employer's name and address to the State Student Assistance Commission of Indiana.

Appeal Process

Scholars have the right to appeal the fulfillment of the teaching or therapist practice obligation. To appeal, the scholar must submit their request in writing, accompanied with documentation, to the State Student Assistance Commission of Indiana.

Contact Information

State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204-2879
Office: 317/232-2350 Fax: 317/232-3260 Toll Free: 888/528-4719

www.ssaci.IN.gov/programs/m-teach.html