



Correctional Professionals Assistance Fund of Indiana

Spring 2018 Scholarships

Applicants of the Correctional Professionals Assistance Fund of Indiana Scholarship Program must:

Complete all sections of the application. This application and all materials must be received by **November 3, 2017.**

If space provided in the application is inadequate, you may continue on additional sheets of paper using the same format. Your name and address must be included on all attachments.

The scholarship amounts shown below are annual amounts that are subject to change.

Eligibility Guidelines

Applicants of this Correctional Professionals Assistance Fund of Indiana Scholarship Program must meet the following:

- Be an employee of the Indiana Department of Correction or a dependant member of their household, or an employee of a vendor contracted to provide directed correctional services in the State of Indiana for the Indiana Department of Correction or a dependant member of their household;
- Be enrolled full-time* at an accredited college or university in the United States in the spring of 2018 (including undergraduate, graduate, technical, or vocational); except for the part-time student scholarships as noted below;
- Half-time or more, but less than full-time enrollment, will be considered part-time and be eligible for the part-time student scholarship;
- Have a cumulative GPA of 2.5 or higher (on a 4.0 scale);
- Special consideration may be given to students who are majoring in an area of study that directly pertains to corrections, public safety or community service; and
- Be a U.S. citizen or lawful permanent resident of the United States.
- The winners of any CPAFI scholarship are not eligible to receive another CPAFI scholarship within the same calendar year.
- ***Added guidelines for IDOC Scholar scholarship include, minimum of 3.0 GPA and proof of volunteer service each year you're awarded the scholarship***
- **Failure to adhere to all eligibility guidelines or to comply with application requirements will result in disqualification from consideration.**

* Full-time study is defined as full-time enrollment for the entire upcoming academic year.

Last name

First name

Available Scholarships

**Please check the box (es) next to the scholarship(s) you are applying for.*

- All available full-time scholarships, including:**
 - **Commissioner's scholarship, \$7500 (one available)**
 - **Public Safety scholarship, \$4000 (one available)**
 - **IDOC Scholar scholarship, \$2000/year for 4 years**
 - **Rose Vaisvilas scholarship, \$3000 (one available)**
 - **Supplies scholarship, \$2000 (approximately eight available)**

- Supplies scholarship only, \$2000 (approximately eight available)**

- Part-time student scholarship, \$1000 (approximately four available)**

Section 1- Applicant Information

| | |
|---------------------------------|--------------------|
| Name: | Date of Birth: |
| Future Campus Address if Known: | Permanent address: |
| Campus Phone: | Home Phone: |
| Cell Phone: | Email Address: |

Last name

First name

Section 2 – Employee Relationship with the IDOC/Work Experience

A. If you are an employee of the Indiana Department of Correction, please indicate:

Your current job title: _____

Facility or office work location: _____

Date hired by the Indiana Department of Correction: _____

B. If you are a dependant of an IDOC employee, indicate:

The name of the employee: _____

Employee's job title: _____

Employee's facility or office work location: _____

Your relationship to the employee: _____

Employee's date of hire with the Indiana Department of Correction: _____

C. If you are an IDOC-placed employee of a vendor that holds a current contract for services with the IDOC, indicate:

The name of the vendor for which you work: _____

Your job title: _____

Your primary work site: _____

Date you began serving the Indiana Department of Correction: _____

D. If you are a dependant of an IDOC-placed employee of a vendor that holds a current contract for services with the IDOC, indicate:

The name of the employee: _____

The name of the vendor for which the employee works: _____

Employee's job title: _____

Employee's facility or office work location: _____

Last name

First name

Section 2 cont'd

Your relationship to the employee: _____

Date the employee began serving the Indiana Department of Correction: _____

E. List and briefly describe any work experience:

| Position | Employer | Dates of Employment |
|----------|----------|---------------------|
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Brief description of your work responsibilities:

Last name

First name

Section 3 - Academic Information

| | |
|----------------------|---|
| Name of High School: | Graduation/Completion Date: |
| GPA: | High School Rank: out of |

| | |
|---------------------------------------|---|
| College/University/Vocational School: | Did you graduate? Y N |
| Most recent GPA: | Graduation/Completion Date: |
| Major: | |

Name of college/university/vocational school you plan to attend in: 2017- 2018

Anticipated major(s): _____

Anticipated graduation/completion date: _____

Section 4 - Activities, Awards and Honors, and Interests

- A. List and briefly describe extracurricular or volunteer activities in which you have been involved:

| Organization | Activity | Date(s) of Involvement |
|--------------|----------|------------------------|
| | | |
| | | |
| | | |
| | | |

Last name

First name

Section 4 cont'd

Brief description of how you participated:

B. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

| Award/Honor | Institution/Organization | Date of Award |
|-------------|--------------------------|---------------|
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Section 5 – Personal Statement

A one-page, typed statement that describes your educational goals, and why you are in need of financial assistance

- A. Make a brief summary of your plans as they relate to your educational and career objectives.
- B. If there is any unusual family or personal circumstances that you want considered as part of your application, please explain.
- C. How will you be financing your college education and how will a scholarship impact your plans?
- D. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.

Section 6 – Essay **Not required for the Supplies Scholarship or Part-Time Student Scholarship*

“What I hope to accomplish in my field of study to advance the quality of public service.”

- A. Two typewritten pages (8½ x 11, double-spaced)
- B. In writing your essay, please give specific examples to clarify your ideas.

Submitting your Application

Please submit the following to be considered for the award(s):

- 1. Completed application form
- 2. Copy of the student’s current official or unofficial transcript(s) of grades. (**Applicants for the Spring 2018 Scholarships will need to submit their current transcripts and Fall 2017 midterm grades with their application. Scholarship winners will be required to provide an **official** transcript before awards can be distributed. If the applicant is beginning their first semester during their first year in school, high school transcripts may be submitted.*)
- 3. Two letters of recommendation
- 4. Your personal statement and essay (**The essay is not required for Supplies Scholarship or Part-Time Student applicants*)

Last name

First name

Failure to adhere to all eligibility guidelines or to comply with application requirements will result in disqualification from consideration.

Mail your completed application to:

Correctional Professionals Assistance Fund of Indiana
Attn: Margaux Auxier, Secretary
302 W. Washington St.
IGCS Room E334
Indianapolis, IN 46204

I authorize the release of all of my applicant information including official transcripts to the Scholarship Review Team. I certify that the information provided by me is complete and accurate to the best of my knowledge. Falsification of any information may result in termination of any award. As an applicant, I agree to accept all decisions of the CPAFI Scholarship Committee as final.

If I am selected as a recipient, I hereby give my permission to the Correctional Professionals Assistance Fund of Indiana board (CPAFI) to use my name, picture, narrative, and the fact that I was awarded a scholarship for promotional purposes.

I hereby certify that the information contained in this application and accompanying documents are true, complete and correction to the best of my knowledge.

Applicant's Signature

Date

Employee's Signature (if different from above)

Date