



# Correctional Professionals Assistance Fund of Indiana

## Fall 2021 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 **July 23, 2021.**

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 dependent 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 dependent member of their household;
- Be enrolled full-time\* at an accredited college or university in the United States in the Fall of 2021 (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)**
  - **Rose Vaisvilas scholarship, \$3000 (one available)**
  - **IDOC Scholar scholarship, \$2000/year for 4 years**
  - **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 dependent 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 dependent 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

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: 2021-2022

\_\_\_\_\_

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

## 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 Fall 2021 Scholarships will need to submit their current transcripts 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 of school, high school transcripts may be submitted.*)
- 3. Two letters of recommendation

---

Last name

First name

4. Your personal statement and essay (*\*The essay is not required for Supplies Scholarship or Part-Time Student applicants*)

**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: Emily Fajardo, 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