



## Indiana Association of School Psychologists High School Scholarship

Graduating seniors who are interested in pursuing a career in psychology may apply. Please read this application form carefully. Be accurate and fill in all the blanks. Attach information where needed. Completed applications must be submitted to the scholarship committee chair by October 31.

### PART I

Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Name of College Attending: (only students who have already been accepted by a college may apply):

\_\_\_\_\_

High School Name / City: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Has the applicant previously received any scholarships? If so, please list:

\_\_\_\_\_

List extra-curricular activities, offices, and special honors received in high school (attach additional sheet if necessary):

\_\_\_\_\_

List other extra-curricular activities (church, community service, etc.):

\_\_\_\_\_

**Part II**

Attach a transcript of all grades received up to the present date. A photocopy is acceptable.

**Part III**

Attach an essay explaining your interest and goals in the field of psychology. Identify specifically what you hope to accomplish with the assistance of this scholarship.

**Part IV**

Attach **three** (3) letter of references. One reference must be from a teacher knowledgeable about your academic accomplishments.

**Part V**

Attach a brief description (not to exceed 500 words or two double-spaced pages) that includes what you believe you have done to improve your school or community.

**Part VI**

In consideration of my high school record and the facts set forth in this application, I respectfully request an Indiana Association of School Psychologists High School Scholarship. I solemnly affirm that the information given is correct.

If the Indiana Association of School Psychologists High School Scholarship should be awarded to me, I recognize I will have a moral obligation to repay any sums paid to me if an investigation reveals that I have voluntarily failed to continue to demonstrate the qualities that led to my selection.

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Signature of Applicant

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Date

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Signature of School Counselor

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Date

**Please return completed application packet to:**

**Indiana Association of School Psychologists  
Kim Williams  
Kwilliams@thecorydongroup.com**