



Scholarship Application

The ISEA Executive Board has determined that four (4) \$500 scholarships will be awarded at the ISEA Representative Assembly. You must be a current ISEA Member to apply.

Name: _____ Membership Number _____

Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior

College Address: _____

Home Address: _____

Email Address: _____

Major: _____ Minor: _____

GPA _____ Scale Used: 4.0 _____ 5.0 _____ 6.0 _____

Include one copy of your current transcript.

How long have you been a Student Education Association member? _____

List the SEA activities in which you have participated, e.g., offices, committees, etc. How do these demonstrate the foundations of the student program: teacher quality, community service, and political action?

Letters of Recommendation:

Attach two, sealed college/university personal letters of recommendation directly to this application.

In 100 words or less, discuss the role a professional teacher organization can play in the life of a classroom teacher. Please attach to this application if more space is needed.

Applicant Signature

SEA Advisor Signature

Date

Date

Applications must be received in the ISTA office no later than January 31st.

Send the app/packet to: ISEA State Student Organizer, ISTA, 150 W. Market Street, Suite 900, Indpls, IN 46204-2875.