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 Title IV School Code Numbers and addresses, visit our website: http://www.in.gov/ssaci/2370.htm. Each college or university will select its own scholarship recipients. 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) annual scholarships (if funds are available) but may take six (6) years to complete their certification program from the date of receiving their first scholarship. As 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:
• Be a minority student (defined as Black or Hispanic) seeking a teaching certification; or
• a student seeking a Special Education teaching certification; or
• a student studying for an Occupation or Physical Therapy certification.
• Be an Indiana resident and a citizen of the United States.
• Be admitted to an eligible Indiana college or university as a full-time (12 hours or more) student
• 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 being attended.

Obligation
Individuals who are selected and accept the Minority Teacher & Special Education Services Scholarship are obligated to teach or practice as an Occupational or Physical Therapist in Indiana on a full-time basis for three (3) out of five (5) years following graduation. If a scholar fails to fulfill the 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 his/her current name, address and 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 the request in writing, accompanied with supporting documentation, to the State Student Assistance Commission of Indiana.

Contact Information
State Student Assistance Commission of Indiana
402 West Washington Street, Room W462
Indianapolis, IN 46204
Office: 317-232-2350
Toll Free: 888-528-4719
grants@ssaci.in.gov
MINORITY TEACHER & SPECIAL EDUCATION SERVICES SCHOLARSHIP PROGRAM
2011-12 ACADEMIC YEAR APPLICATION
State of Indiana
State Student Assistance Commission of Indiana

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

Instructions: Submit the completed application to the Financial Aid Department of the college or university that you will be attending. Check with your institution for the application deadline date.

Applicant’s Information:

Last Name | First Name | Middle Initial
--- | --- | ---

Permanent Address (number and street) | City | State | ZIP Code
--- | --- | --- | ---

Area Code | Home Telephone Number | Last four digits of Social Security Number *
The social security number is used only as an identifier and will remain confidential.

Ethnic background (check one)
- Black
- Hispanic
- Caucasian
- Other (define):

Which certification program are you pursuing? (check one)
- Teaching
- Physical Therapy
- Occupational Therapy
- Special Education Teacher

Are you a graduate student working towards your first teacher certification? (check one)
- Yes
- No

Relative’s Information:

Last Name | First Name | Middle Initial
--- | --- | ---

Address (number and street) | City | State | ZIP Code
--- | --- | --- | ---

Area Code | Telephone Number
--- | ---

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 (mm/dd/yyyy)
--- | ---

Applicants please do not write below this section. The following information is to be completed by a college or university official only:

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>Federal School Code Number (Title IV)</th>
<th>Fall:</th>
<th>Amount Awarded</th>
<th>Spring:</th>
<th>Total:</th>
</tr>
</thead>
</table>

Is the student a renewal applicant or a first time applicant?
- Renewal Applicant
- First Time Applicant

Print Name of School Official | Signature of School Official | Date (mm/dd/yyyy)
--- | --- | ---

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