

CRITERIA

1. Effective date of the new scholarship program is the academic school year of Fall '08.
2. Active Members – ISPA membership for five (5) consecutive years immediately preceding the payment of dues is required. Exception- 5 years not required if you join in your probationary year and maintain membership in good standing. Effective date March 7, 2008.

Retired Members – An ISPA member being current in his/her membership at the time of retirement with twenty (20) years of service, or more, and having been a continuous member in good standing for a minimum of ten (10) consecutive years immediately preceding his/her retirement shall be eligible for continued scholarship benefits for their eligible dependents. Effective date January 1, 1989.

Deceased Active Members – An active ISPA member current in his/her membership at the time of death, his/her dependents shall be eligible for continued scholarship benefits.

3. Program for dependent children of ISPA members. Age limit is 25 years of age.
4. \$10 per credit hour or quarter schedule with a maximum benefit of \$1,000. Reimbursement will be made after course completion. Payment will only be made for passing grades. You must file for reimbursement within a year of the completion of each semester.
5. Completion Bonus – Upon proof of Associates Degree a payment of \$100 is authorized, for Bachelor's Degree a bonus of \$200. The maximum bonus a dependent can receive is \$200 (i.e. Students who earn an Associates Degree receive \$100. If that student continues in the program and earns a BS/BA Degree, he/she will receive an additional \$100.) Bonus payable after commencement of the new program. Effective date September 1, 1990.
6. Applications will be processed as received at the ISPA office where they will be date stamped.
7. Applications requesting retroactive payment will not be processed.

INDIANA STATE POLICE ALLIANCE, INC.

SCHOLARSHIP APPLICATION

MEMBER INFORMATION:

NEW APPLICATION: _____ RENEWAL: _____ BONUS: _____

ISP ACTIVE: _____ ISP RETIRED: _____ APPOINTMENT DATE: _____

NAME: _____ PE#: _____

ADDRESS: _____

POST LOCATION: _____ DISTRICT #: _____

STUDENT INFORMATION:

NAME: _____ AGE: _____

ADDRESS: _____

RELATIONSHIP TO MEMBER: _____

HIGH SCHOOL ATTENDED: _____

YEAR GRADUATED FROM HIGH SCHOOL: _____

COLLEGE/UNIVERSITY/SCHOOL ENROLLED IN (INCLUDE ADDRESS AND TX):

ENROLLMENT DATE: _____ GRADUATION DATE (IF LAST YEAR): _____

NOTE: PLEASE COMPLETE THE ABOVE FORM AND RETURN WITH PROOF OF COURSE COMPLETION AND CREDIT HOURS EARNED.