



District Scholarship Nomination Form

This form is to be completed by an ISTA member who has a child, stepchild, grandchild or step-grandchild graduating from high school during the 2017 - 18 school year. This is the **only** form that is required.

Candidate Information

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Gender (check one) Male _____ Female _____

Ethnicity (check one)

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |

Please answer all questions

(Y) (N) Is this candidate graduating from a public high school during the 2017 - 18 school year?

Name of High School _____

(Y) (N) Does this candidate maintain at least a "C" average?

(Y) (N) Will this candidate attend a formal accredited training program or accredited college/university during the 2018 fall semester?

Name of institution candidate will attend _____

Nominator Information

Candidate is my (check one) child step child grandchild step grandchild

Name _____ Phone (____) _____

Email Address _____

Local Association _____ District Council 16

Signature of ISTA Member _____ Date: _____

Deadline

Nomination forms must be sent to the ISTA UniServ Office, 6910 North Shadeland Avenue, Suite 100, Indianapolis, IN 46220, postmarked no later than April 1, 2018.