IUSB Summer Teen Enrichment Programs

Scholarship General Information

1. All scholarships are limited in number. Scholarship monies will cover $75 of the $125 fee for a STEPs camp. The $50 balance is the responsibility of the participant. Scholarships will be determined by May 15. The balance is due by June 1.
2. Student/family must be a recipient of free/reduced-price meals and/or books in his/her local school system or a recipient of a government sponsored nutritional program such as Supplemental Nutrition Assistance Program (SNAP). Proof of participation from the school treasurer should be attached to the application form.
3. Scholarships are available on a first-come, first-served basis.
4. ONLY ONE SCHOLARSHIP PER FAMILY PER TERM

Guidelines for Scholarship

1. Student must be entering grades 9-12 in the fall of the current school year.
2. Student must be in good academic standing with their school.
3. 100% attendance is expected at each class session. If a student fails to attend, it will reflect on future scholarships.
4. Student and parent/guardian must fill out the “Request for Scholarship Assistance” below in order to be considered for a scholarship.
5. Participants will be contacted by phone or letter if they have been accepted for a scholarship.
6. All “balance due” fees must be paid by July 1, 2016 unless other arrangements have been made with Associate Dean Lee Kahan.
7. Once all fees have been paid, an acceptance letter, email or phone call will go to the participant with relevant class information.

Contact Information

If you have any questions, concerns or need, please contact Lee Kahan, Associate Dean of the College of Liberal Arts and Sciences, at (574) 520-4305 or lkahan@iusb.edu. Scholarships are funded through the generosity of donors to the College of Liberal Arts and Sciences.
IUSB Summer Teen Enrichment Programs

Request for Scholarship Assistance

To request scholarship assistance for one of IU South Bend’s Summer Teen Enrichment Programs, please provide the following information and return the form to:

Lee Kahan, Associate Dean of the College of Liberal Arts and Sciences
Indiana University South Bend, 1700 Mishawaka Ave., South Bend, IN 46634-7111.
You may fax this form to 574-520-4538.

ONLY ONE SCHOLARSHIP PER FAMILY PER TERM!

Student’s Name _____________________________________________________________  __Male __Female
Grade ________  Age of Student ________  Birthdate __________________________
School _________________________________________________________________

Parent/Guardian Name ______________________________________________________
Home Address ___________________________________________________________________
City________  State_____  Zip_______  E-mail _________________________________
Home Phone___________________  Work Phone____________________  Cell Phone____________________

Has the student previously participated in a STEPs camp before?  _____ Yes  _____No
If yes, what class, semester and year? ______________________________________

Please list the classes in which you are interested in order of preference:

1. __________________________  2. __________________________  3. __________________________

For scholarship consideration, please send a copy of the letter you received from the school verifying your child’s participation in their free/reduced lunch/books program. The letter must be from the current school year. Alternatively you may send a copy of paperwork showing your student or family’s status as a recipient of a government-sponsored nutritional program such as Supplemental Nutrition Assistance Program (SNAP).

Please explain in space below or on the back of this form why a scholarship is important to you.

VERIFICATION OF ACCURACY:

Student Signature __________________________________________________________________ Date____________________

Parent/Guardian Signature __________________________________________________________________ Date____________________

*FOR OFFICE USE ONLY:  Date SA Form rec’vd: ____________  Class preference:
________________________
Balance Due: ____________________  Balance Due rec’vd: ____________________
Date enrolled: ____________________  Reg Confirm Ltr sent: ____________________