



Hammond Teachers' Federation, Local 394

2024 SCHOLARSHIP APPLICATION INSTRUCTIONS & RULES

Qualified students shall be considered for a scholarship in the following categories:

High School Graduating Senior intending to enroll in a college, university, technical, trade, or vocational school.

1. A scholarship applicant must reside within the School City of Hammond school boundaries.
2. All applicants must either be enrolled or will be enrolled in a full-time program as designated by their college, university, technical, trade, or vocational school that they have chosen to attend.
3. The applicant must submit the following documents by **May 01, 2024**: (a) A completed and signed **2024** scholarship application form. (b) A current official transcript (i.e., stamped and signed by the school the applicant attends) and placed in a sealed envelope. No photocopies and/or duplicates will be accepted. (c) A 350-word essay on the following topic: Describe how can your higher education enable you to help others, while giving back to the community. (d) Current letters of recommendation from two (2) faculty members and one (1) from a member of the community.
4. All applications for scholarship, official transcript and other supporting documents shall be submitted to:

Hammond Teachers' Federation, Local 394

C/O Scholarship Committee

Suite 201

5930 Hohman Avenue

Hammond, IN 46320

ALL APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE POSTMARKED BY **MAY 01, 2024. APPLICANTS MUST INFORM THE UNION THAT THEY HAVE SUBMITTED AN APPLICATION, AND THE DATE IT WAS PLACED IN THE MAIL. IT IS THE RESPONSIBILITY OF THE APPLICANT TO CONFIRM THAT THEY HAVE SENT THIS APPLICATION BY CERTIFIED MAIL WITH A RETURN RECEIPT.**

5. Having met all the requisites above, all applications will be submitted to a committee of educators to determine the winners.
6. The scholarship check may be made payable to the applicant or institution.
7. If a recipient does not appear at the Scholarship Presentation Program in person, or by a parent, or by a grandparent or family member to accept the scholarship, it may be awarded to an alternate recipient.



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2024 SCHOLARSHIP APPLICATION FORM

SCHOLARSHIP OPTIONS:

_____ Trade School

_____ Community College

_____ University

PERSONAL INFORMATION:

Name: _____

_____ Male

_____ Female

Date of Birth: _____

ACADEMIC/EDUCATIONAL INFORMATION:

High School Name: _____

Cumulative GPA: _____

Address of School: _____

List any sports, extracurricular or community service you have participated in:

What special recognitions have you received for excellence in school (honors, awards, scholarships, etc.):

List any internships or jobs (including summer employment) you have held:

Name and address of the college, university, technical, trade, or vocational school you are and/or will be attending:

Vocation, or major area, you intend to pursue in school: _____

Applicant's Signature: _____

Date: _____



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5930 Hohman Avenue, Suite 201, Hammond, Indiana 46320

AFFIDAVIT

Instructions: Please complete the form below. Any missing information may create a delay in the processing of your scholarship.

Date: _____

Recipient's Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone and/or Cell Number: _____

Social Security Number: (Last four digits) _____

Institution's Name: _____

Institution's Address: _____

City/State/Zip: _____

I, _____ understand and agree to apply the Hammond Teachers' Federation scholarship funds for tuition fees, room and/or board, books and/or school supplies.

Applicant's Signature: _____ Date: _____



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PUBLICITY RELEASE FORM

I, _____ grant to the Hammond Teachers' Federation permission to use video, photos and/or digital images in HTF sponsored publications, Website, and other media.

It is our policy that your address and/or phone number will not be used in association with these images.

Please initial below to indicate permission to use your photograph(s).

_____ HTF publications

_____ HTF Website

_____ Press and/or media releases

_____ HTF informational CD

Applicant's Signature: _____

Date: _____

HTF is a 501(c)(3) non-profit organization.