

**2004 – 2005**  
**Joyce Bauman Sanders Memorial Scholarship**  
**Information Sheet**

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**The selection criteria is itemized below:**

1. A one-year grant of \$500.00.
2. The application, accompanied by supporting documentation, must be postmarked by Wednesday, December 1, 2004.
3. The following criteria will be used to screen applicants.
  - A. Parent/Guardian is an IEA-NEA member in Region 37. (Children, wards of deceased, divorced, or retired IEA-NEA members may apply. NO agency fee-payer's child/ward may apply for this program).
  - B. Student is an undergraduate education major\* and/or enrolled in coursework which qualifies for teacher certification in Illinois. High school students who apply for this program must plan to enroll in a teacher training course of study.
  - C. Commitment to teach in an Illinois public school for at least one year.
  - D. Equal importance given to applicants
    1. academic achievement
    2. character
    3. leadership
    4. community, and
    5. extra curricular experience
4. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.** All supporting documentation must accompany the application. Missing documentation will invalidate the application. The applicant is responsible for ensuring all documents are enclosed with the application.
5. The selection will not discriminate on the basis of age, sex, race, religion, or national origin.
6. **ALL** applications and essays must be typed.

The Region 37 Scholarship Committee is available to answer any questions. Please address any questions to Region 37 Scholarship Committee, Illinois Education Association, 8833 Gross Point Road, Suite 300, Skokie, IL 60077.

**THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:**

1. Two (2) letters of recommendation from a non-relative (employer, teacher, clergy, etc.)
2. High School and/or College transcripts. If you are a high school student, send your high school transcripts. If you are a college student, send only college transcripts.
3. A typed and signed essay (maximum 250 words) which answers the following topic, "Why I want to be a teacher."

Mail completed application and all accompanying material to:

Region 37 Scholarship Committee  
Illinois Education Association – NEA  
8833 Gross Point Road, Suite 300  
Skokie, IL 60077

Scholarship decisions will be made by March 1, 2005

\*The Scholarship Committee may choose to waive this requirement in cases where an extended degree program or Master's degree is required for an individual to function as an entry level educator in the chosen field. An example of this occurrence is the fact that in Illinois in 1990, a speech and language therapist or a school psychologist was required to have a Master's degree in order to obtain an initial Illinois certificate in those fields.

<b>√ CHECK-OFF LIST</b> Have you enclosed?	
<input type="checkbox"/>	<b>Two letters of recommendation</b>
<input type="checkbox"/>	<b>Transcripts (most recent high school and/or college)</b>
<input type="checkbox"/>	<b>Essay</b>

2004 – 2005

**Joyce Bauman Sanders Memorial Scholarship**

Application

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code  
*(If address is different from parents, please list parent's address below)*

PARENT'S ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE (\_\_\_\_\_) \_\_\_\_\_ Sex: M\_\_ F\_\_ Date of Birth: \_\_/\_\_/\_\_  
Area Code Number

NAME OF PARENT (IEA MEMBER)/GUARDIAN: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Applicant

NAME OF IEA REGION CHAIR \_\_\_\_\_

NAME OF REGION 37 LOCAL ASSOCIATION \_\_\_\_\_

NAME OF LOCAL PRESIDENT \_\_\_\_\_

PHONE NUMBERS OF LOCAL PRESIDENT (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Number Area Code School Number

IF GRADUATED – Give high school graduation year: \_\_\_\_\_

IF IN COLLEGE – Name of college/university currently attending: \_\_\_\_\_

COLLEGE STUDENT STATUS: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

IF IN HIGH SCHOOL – Institution of planned enrollment: \_\_\_\_\_

**FINANCES**

Estimated tuition costs: \_\_\_\_\_  
Yearly

Other scholarships/grants received: \_\_\_\_\_

If you have any extenuating financial circumstances (e.g. excessive medical costs, more than one child in college simultaneously) that should be considered, please list them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTRA CURRICULAR ACTIVITIES**

Scholastic Achievements/Honors: \_\_\_\_\_

\_\_\_\_\_

Hobbies, Interests: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

**WORK EXPERIENCE**

Please tell us about any work experience you've had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature