

INDIANA ELKS VOCATIONAL GRANT

GENERAL INSTRUCTIONS

WHO MAY APPLY

1. Any Graduating High School Senior Student applying to an eligible Vocational program.

All applicants must be citizens of the United States of America on the date the application is filed.

Definition of an Eligible Program shall be comparable to that contained in the federal vocational legislation. It is defined as a two year or less vocational/technical program, culminating in an Associate Degree, Diploma or Certificate, but less than a Baccalaureate Program (Bachelor's Degree). Do not apply if you are planning to pursue an Associate Degree as a stepping stone to a 4-year Bachelor diploma.

Vocational Grants Expire 17 months from the date of Award ending on October 1 of the year following notification. Enrollment must be verified by the college/training school officials, at which time a check in the amount of the award will be forwarded to the school to establish a credit for the student. All funds must be paid to the school.

APPLICATION PREPARATION AND REQUIREMENTS

1. Applicants must use the Indiana Elks State Association application form which has been dated and signed by the applicant. Typed applications are preferred over hand written submissions and must be signed in all instances. Applications and all supporting documents must be in English.
2. Applicants must provide a statement summarizing activities, accomplishments, needs and objectives, which the applicant thinks will qualify them for the grant. It should not exceed 200 words.
3. Applicants should include any letters of recommendation from parents, educators or community references. Each should not exceed 150 words and must be signed by the author.
4. Exhibits: Should be neat, concise and in chronological order.
5. Order of Exhibits
 - a. Completed Application
 - b. Statement by the applicant.
 - c. Letters of Recommendation
 - d. High School Transcript (a copy of a certified transcript is sufficient)
 - e. Any other information which you feel will aid in judging and provide insight into your worthiness.

Applications may be mailed or emailed to either of the Indiana Elks Scholarship Co-chairs. If mailed via USPS, the application must be stapled on the left side and enclosed in a standard envelope. Please do not use any elaborate folders.

IMPORTANT: Your application must be in the hands of the Scholarship Co-chair prior to the deadline date of February 1, 2027.

After completing this application make a photocopy for your own records.

APPLICATIONS BECOME THE PROPERTY OF THE INDIANA ELKS STATE ASSOCIATION

INDIANA ELKS VOCATIONAL GRANT APPLICATION FORM

Name: _____ Last 4 digits of your Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

Date of Birth: ____/____/____ Place of Birth: _____

Name of High School Attending: _____

School Address: _____

Year Graduating: _____

Grade Point (GPA): _____

I certify that the statements contained in this application are true.

Date: _____ Signature of Student: _____

YOUR APPLICATION MUST BE SENT TO EITHER OF THE FOLLOWING CO-CHAIRS FOR JUDGING

Ted Sills, 210 S. 4th St., Decatur IN 46733 tasills59@gmail.com or

Nancy Wells, 7016 E County Rd. 525 S, Fillmore IN 46128 nancyjw1957@gmail.com

FINANCIAL ANALYSIS

Number of dependents in household: _____

Number of dependents attending college for the school year (2027/28): _____

Total House Gross Income including Student: \$ _____

Please explain any special circumstances on a separate sheet.

JUDGING WILL BE BASED ON THE FOLLOWING:

1. Motivation – General worthiness, desire.
2. Need – Financial need, resourcefulness.
3. Skills – Showing aptitude toward chosen field.
4. Grades – High school grades and other vocational schools, test scores, etc.
5. Application – Completeness, neatness, and completely following directions.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL AND ONLY AVAILABLE
TO THE JUDGES OF THE VOCATIONAL PROGRAM.**

Two Year College or Vocational School you are planning to attend:

Address: _____

Date Course Begins: _____ Date Course Ends: _____

Vocational Goal (Give name of course study): _____

At Completion I will receive a(an): Associates Degree _____ Diploma _____ Certificate _____

Employment Record

Type of work	Employer	Date of Employment	Hours/ Week
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_____	_____	_____	_____
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_____	_____	_____	_____
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Honors & Awards

Community Service

Use additional sheets if necessary

Please address any questions to either Ted Sills or Nancy Wells. You can reach us by email or call:

Ted Sills (260) 223-1148 tasills59@gmail.com

Nancy Wells (765) 721-1896 nancyjw1957@gmail.com