



Criteria and Procedures for ISAC Scholarships

The Iowa State Association of Counties (ISAC) is a private, nonprofit corporation whose members are county officials and employees from the 99 counties in Iowa. ISAC has established the following criteria and procedures for granting scholarships:

1. Eligibility to apply is limited to children of current county officials or employees. This does not include city employees, employees of county extension offices, or candidates who are themselves county employees.
2. At least one (1) \$1,000 scholarship shall be awarded annually.
3. The candidates must be seniors in high school.
4. This is a one (1) year scholarship, and can be received only once by an individual.
5. The scholarship can be awarded to anyone who will be a full-time student of any college requiring at least a minimum of two (2) years for a degree.
6. The scholarship monies will be paid directly to the college; one-half upon acceptance, one-half upon completion of the first semester.
7. The candidates must provide personal reference statements from three (3) individuals other than family members, complete an application, and submit to an interview.
8. The criteria used in awarding the scholarship will be scholastic achievement, financial need, participation in extracurricular/community activities and overall character.
9. The scholarship committee shall award all scholarships and the decision of the selection committee shall be final.
10. The scholarship committee shall consist of seven (7) members, to be appointed by the ISAC President. The selection committee shall consist of one (1) representative from each ISAC district, plus one (1) member of the ISAC Board of Directors.
11. ISAC reserves the right to verify any information provided on any application.
12. Scholarships will be announced at the ISAC Legislative Conference in March.
13. Scholarship winners have two years to use their award. During the two years, they may apply to the scholarship committee for an extension of the time limit. The scholarship committee shall recommend to the ISAC Board of Directors whether to allow the extension of the time limit.
14. It is a requirement of the finalists for this scholarship to come in and participate in a personal interview (early February) with a panel of judges or you may be disqualified for the award.
15. Applications must be **postmarked by December 8, 2017.**
16. **Applications should be mailed to:**
ISAC, 5500 Westown Parkway, Suite 190, West Des Moines, IA 50266-8202



Scholarship Application

Name of Applicant _____

Address _____

City _____ Zip _____

Home County _____ Home/Cell Phone _____

E-mail Address _____ Name of High School _____

Mother's Name _____ Mother's Job Title/Occupation _____

Father's Name _____ Father's Job Title/Occupation _____

Which parent is a county official or employee? _____

County and Department _____ County Position _____

County Phone # _____ Work E-Mail _____

Proposed college _____

Have you taken the SAT/ACT _____ If so, your score _____

Total Class Size _____ Rank in Class _____ Grade Point _____ on a 4.0 scale

Financial Need:

Family's Household Income: *Please circle*

(\$0 - \$49,999) (\$50,000 - \$99,999) (Over \$100,000)

Special circumstances that have impacted your family's income: _____

Essay: On another sheet of paper type an essay of no more than 250 words explaining your career plans and future goals. **MAKE US SEE THE REAL YOU.**

Extra Curricular Activities: In the space provided, please identify your most significant extra curricular activities, school activities, work experience, etc. that might be helpful to the committee in judging your application.

References: We need personal reference letters from three (3) individuals other than family members (Teachers, employers, advisors, etc.).

Transcript: Please enclose a copy of your high school transcript with your application.

For you to be considered for a scholarship you must:

1. Return application filled out **completely and signed**
2. Enclose your typed essay
3. Include three letters of personal reference
4. Enclose your official high school transcript

NOTE: If you do not comply with these requirements, your application may be disqualified.

Return to: Iowa State Association of Counties, 5500 Westown Parkway, Suite 190, West Des Moines, IA 50266-8202. **Applications must be postmarked by December 8, 2017.**

I hereby certify that this application contains no misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief.

Signature of Applicant: _____