
**ROLAND AND DOROTHY ROSS
SCHOLARSHIP AWARD**

Through the

IOWA STATE EDUCATION ASSOCIATION
For ISEA Member Iowa School Counselors



Application and Information

INTRODUCTION:

The Roland and Dorothy Ross Scholarship Award is funded by the Roland and Dorothy Ross Trust and administered by Wells Fargo Bank, with assistance from the Iowa State Education Association. This Scholarship Award is in memory of Roland and Dorothy Ross, former Iowa State Education Association members, for the benefit of current Iowa State Education Association members, engaged in the field guidance (school) counseling in an Iowa public school.

This Trust makes funds available for qualified individuals to further their education by their attendance and participation in appropriate classes or programs sponsored by educational institutions and/or other recognized individuals, groups, or organizations that will enhance their ability as Iowa School Counselors.

ELIGIBILITY To be eligible for the Roland and Dorothy Ross Scholarship Award, an applicant must meet the following criteria, as required by the Roland and Dorothy Ross Trust:

- Current full-time active membership in the Iowa State Education Association.
- Iowa Resident and current employment as an Elementary or Secondary (includes Middle School) School Counselor by an Iowa public school district.
- Present sufficient information and receipts concerning the class or program attended and use of scholarship funds related to the direct cost of attendance/registration materials for professional learning or continuing education programs. The scholarship funds **CANNOT** be used for transportation, lodging, etc.
- Authorize Wells Fargo Bank, as trustee, to review and audit the program, attendance, and use of funds
- Complete any required follow-up report, vouchers, or evaluation concerning the use of the scholarship funds
- Comply with any and all additional special requirements

ROLAND AND DOROTHY ROSS SCHOLARSHIP AWARD APPLICATION

Please type or print legibly

GENERAL and WORK INFORMATION

Name _____
 Last First Middle Initial

Current Residence Address:

 Street City State Zip Phone

Current email address _____

Current School District and Building Employed as School Counselor:

City or Town of District: _____

Membership in the Iowa State Education Association since

Job Title _____ Hours Per Week _____

Dates of Employment _____

SUMMARY OF PROGRAM REQUESTED

Title _____

Sponsor _____

Dates _____ Location _____

Program Description—(Please attach a description/program or website of registration) and receipt of payment either before the application is submitted or after payment.

Benefits from Attendance— (Please attach a description, not to exceed one page)

AMOUNT OF SCHOLARSHIP FUNDS REQUESTED TO BE REIMBURSED FOR DIRECT COST OF ATTENDANCE/REGISTRATION AND MATERIALS

Total \$ _____

BREAKDOWN OF REQUESTED FUNDS

CERTIFICATE OF AUTHORIZATION

My signature on this authorization certifies that all of the information and materials submitted as part of this application are true and correct.

My signature on this authorization certifies my permission to the Roland and Dorothy Ross Trust to review and evaluate this application, my attendance at the requested program, and my use of the requested funds. Further, I agree to abide by the ISEA Policy and submit to the Iowa State Education Association **original receipts** for expenses and description of the use of the scholarship funds, along with a summary and evaluation of the program attended, within 30 days of the completion of the program.

If the program is held in July or August, the voucher with receipts must be submitted by September 1 to ensure that all expenses get recorded in the correct fiscal year. I understand that my failure to do so may result in my having to reimburse the Roland and Dorothy Ross Trust for any and all scholarship funds received.

Lastly, my signature on this authorization certifies that the Roland and Dorothy Ross Trust and/or the Iowa State Education Association may publicize my name in connection with my receipt of this scholarship.

Signature _____

Date _____

Return this application, and required information before the event, to:

MAIL : The Roland and Dorothy Ross Trust c/o Cindy Swanson
Iowa State Education Association
777 Third Street
Des Moines, IA 50309-1301

OR

EMAIL: cindy.swanson@isea.org with required attachments.