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# ROLAND AND DOROTHY ROSS SCHOLARSHIP AWARD

Through the

IOWA STATE EDUCATION ASSOCIATION  
For 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 of guidance (school) counseling in an Iowa public school.

This Trust makes funds available for qualified individuals to further their education through 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 an Iowa School Counselor.

## 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. **ALL receipts for registration and tuition must indicate the ISEA member school counselor made payment and not a school district.** The scholarship funds **CANNOT** be used for transportation, lodging, etc.
- No reimbursement may be disbursed until a completion certificate, certificate of attendance, or a transcript of passing grades is submitted. Checks for reimbursement are sent to the school counselor member's home address on file.
- 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 additional special requirements.

**ROLAND AND DOROTHY ROSS**  
**SCHOLARSHIP AWARD APPLICATION**

*(Please type or print legibly.)*

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**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: \_\_\_\_\_

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**SUMMARY OF PROGRAM REQUESTED**

Title: \_\_\_\_\_

Institution/Sponsor: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

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**REQUIRED TO ALSO ATTACH**

**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 \$\_\_\_\_\_

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**BREAKDOWN OF REQUESTED FUNDS** (Indicate \$ breakdown for just this time period request, especially if this is an ongoing application.)

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**SPECIFY AMOUNT OF SCHOLARSHIP FUNDS REQUESTED TO BE  
REIMBURSED FOR SEMESTER – TIME PERIOD** (*i.e., Fall, Spring, or Summer*)

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**APPLICATION** (Indicate if *New* or *Ongoing*)

**New Application**

\_\_\_\_\_This is the first time submitting this application for approval for this course/  
program/ event.

**Ongoing Application**      Initial Application was approved when: \_\_\_\_\_  
\_\_\_\_\_This is an ongoing application where the initial application has been approved, and  
this application is for a specific semester in the series of the program.

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**CHECKLIST USED BY ISEA ACADEMY TO VERIFY COMPLETED  
SCHOLARSHIP APPLICATION**

- \_\_\_\_\_Verify ISEA Member and School Counselor.
- \_\_\_\_\_Application for proposed plan (i.e., class, program, degree, conference, etc.)  
approved.
- \_\_\_\_\_Program Description
- \_\_\_\_\_Benefits from Attendance
- \_\_\_\_\_Receipt(s) submitted for payment to be reimbursed.
- \_\_\_\_\_Proof of completion shown from provider (i.e., transcript, certificate, letter,  
etc.).

## CERTIFICATE OF AUTHORIZATION

My signature on this authorization certifies that all 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 paid by the member school counselor and a 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 completed in July or August, the proof of payment and completion must be submitted by September 1<sup>st</sup> 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 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 THE REQUIRED INFORMATION,  
BEFORE THE EVENT, TO:**

**The Roland and Dorothy Ross Trust c/o Colleen Heinz  
Iowa State Education Association  
777 Third Street  
Des Moines, IA 50309-1301**

**OR**

**Email to [colleen.heinz@isea.org](mailto:colleen.heinz@isea.org) with required attachments.**



Iowa State Education Association – Professional Development Academy

03/25/2025