

**ILLINOIS FEDERATION OF TEACHERS  
LOCAL #4148  
SCHOLARSHIP PROGRAM**

1. An annual award will be available to a Senior student from Hamilton County Senior High School.
2. The recipient must be in the upper half of the class and must plan to become a teacher.
3. Application packet will include:
  - a. a completed application form
  - b. two references which comment upon knowledge of work habits, character, dependability, and motivation:
    1. one from school faculty or administration
    2. one from a source outside school
  - c. a statement from student of at least 250 words telling background, experiences, activities in school and community and educational plans. Educational plans should include what college the student is planning to attend and what grade level or subject area the student is planning to teach.
  - d. a transcript of high school credits with ACT scores and class rank noted.
5. The scholarship will be awarded at the annual Honors Program.

## **JUDGING FOR IFT SCHOLARSHIP**

1. A committee of three Local #4148 members will be selected to judge all applications received.
2. Composition of the committee will be one elementary teacher, or one junior high teacher, and one high school teacher.
3. Criteria for judging applicants are as follows:
  - I. 20% PERSONAL STATEMENT OF APPLICANT
  - II. 20% INFORMATION FROM REFERENCES
  - III. 15% CLASS RANK AND ACT SCORES
  - IV. 15% GRADE POINT AVERAGE
  - V. 15% APPLICANT'S CURRICULUM
  - VI. 15% EXTRA CURRICULAR ACTIVITIES
4. Results of judging will be announced at the annual honors program.

# APPLICATION FORM IFT SCHOLARSHIP PROGRAM

\_\_\_\_\_ is an entrant for the IFT  
Local #4148 Scholarship Award Program. The applicant will graduate this spring and  
plans to continue his/her education in college.

## STUDENT'S HOME

ADDRESS: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

## HIGH SCHOOL

ADDRESS: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Student's Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Principal's or Counselor's Signature:

\_\_\_\_\_ Date \_\_\_\_\_