

## **2022 Cindy McKinney Scholarship Application**

To be eligible, applicant must be a senior or graduate of one of the following high schools: Benton Central, Frontier, Kankakee Valley, Covenant Christian High School, North Newton, North White, Rensselaer Central, South Newton, Tri-County or West Central. In addition, applicant must have applied to and/or been accepted by an institution for post-secondary education for undergraduate or graduate study in special education for the 2021-2022 school year in order to qualify for this \$500 scholarship.

**Qualifying Studies:** Special Education Teacher, School Psychologist, Occupational Therapist, Physical Therapist, Speech Pathologist, School Counselor, Blind/Low Vision Instructor, Hearing Impaired Instructor.

**\*\*If your major is not listed and you feel it would qualify in the field of Special Education, please contact our office at (219)866-8540.\*\***

Applications will be judged on the candidate's past academic achievements, future goals, qualities that lend themselves to the field of special education and financial need and the overall appearance/content of the completed application.

Information contained in this application may be released to the media, except those items indicated otherwise.

### **Checklist for Completed Application**

- \_\_\_ Completed Application Form
- \_\_\_ 3 Letters of Recommendation
- \_\_\_ Current Transcript (High School & Post Secondary, if appropriate)  
with G.P.A. and SAT and/or ACT scores or the equivalent.

**\*\* I M P O R T A N T \*\***

**DEADLINE: Friday, April 1, 2022**

All materials should be mailed together in one packet and postmarked no later than April 1, 2022. Send the completed application, current transcript, and three completed recommendation forms to:

**McKinney Scholarship  
c/o Cooperative School Services  
1389 Saint Gaspar Drive  
Rensselaer, Indiana 47978**

# **2022 Cindy McKinney Scholarship**

## **General Instructions**

### **Overview:**

Funds for this award are provided by the friends and family of Cindy McKinney, in her memory. Cindy was a special education teacher and consultant, as well as a graduate of Kankakee Valley High School.

The winner of the 2022 Cindy McKinney Scholarship will receive a \$500.00 award. Only one scholarship will be given. The receipt of this award money is contingent upon the winner's enrollment and attendance in 2022-2023 at a college or university in the field of special education.

The award of the 2022 Cindy McKinney Scholarship will be based on the applicant's past academic achievements, future goals, qualities that lend themselves to the field of special education, and financial need, and the overall appearance/content of the completed application.

### **Candidate Requirements:**

Each applicant must:

- Be a senior or graduate of one of the following high schools: Benton Central, Frontier, Kankakee Valley, Covenant Christian High School, North Newton, North White, Rensselaer Central, South Newton, Tri-County or West Central.
- Be applying to and/or accepted at an institution for post-secondary education in the field of special education for 2022-2023.
- Use the original application exactly as presented. Write only in the space provided without adding or re-creating pages unless requested to do so. Also use blue or black ink (no pencil) when completing the scholarship application.
- Submit all materials in one packet by April 1, 2022 to:

McKinney Scholarship  
c/o Cooperative School Services  
1389 Saint Gaspar Drive  
Rensselaer, Indiana 47978

## **2022 Cindy McKinney Scholarship Application**

Applicant:

\_\_\_\_\_

Last	First	Middle Initial
------	-------	----------------

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_

\_High School:      G.P.A. \_\_\_\_\_      G.P.A. Scale \_\_\_\_\_      Class Rank \_\_\_\_\_

Post Secondary:      G.P.A. \_\_\_\_\_      G.P.A. Scale \_\_\_\_\_ (If applicable)

### **Career Objectives**

I am currently in my senior year of high school.      \_\_\_\_\_ Yes      \_\_\_\_\_ No

I am currently involved in graduate work.      \_\_\_\_\_ Yes      \_\_\_\_\_ No

I have applied to the following academic institutions (Please list schools and city/state in order of your preference):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** If you have applied to more than 3 institutions, please list the additional schools, along with their estimated costs as outlined on page 6 on a separate piece of paper.

I have chosen to attend: \_\_\_\_\_

I would like to obtain a degree in: \_\_\_\_\_

# **2022 Cindy McKinney Scholarship Application**

## **Application Essays**

1. In 200 words or less, describe your career goals:

## **2022 Cindy McKinney Scholarship Application**

### **Application Essays**

2. In 200 words or less, describe why you feel you are a good candidate for this scholarship.

## **2022 Cindy McKinney Scholarship Application**

### **Educational History**

List all schools (elementary, secondary, and post-secondary) which you have attended.

Name of School

City/State

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Activities and Honors**

Please list any special honors, awards, recognition, etc. received for your academic work:

_____
_____
_____

Please list any non-academic awards, honors, or special recognition you have received and any extracurricular activities in which you have participated:

_____
_____
_____

Please describe your activities and interests which are not related to school (church or civic activities, hobbies, personal interests, etc.):

_____
_____
_____

## **2022 Cindy McKinney Scholarship Application**

### **Employment History**

Please list employment (full or part-time) up to and including the present, beginning with the most recent position:

Employer	Type of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Estimate Costs** (Not for Release)

	1st Choice School	2nd Choice School	3rd Choice School
<b>Tuition</b>			
<b>Room/Board</b>			
<b>Other School Costs (est.)</b>			
<b>Total Estimated Costs</b>			

### **Possible Sources of Funding** (Not for Release)

Family Support	\$	_____
Students Contribution		_____
Employment at School		_____
Other Scholarships		_____
Federal or State Grants		_____
Federal or State Loans		_____
Total (Estimated)		_____

**To be completed by Applicant:**

I understand that the receipt of any award money is contingent upon the applicant's attendance in 2022-2023 at a university or college for undergraduate or graduate study in the field of special education and that the funds will be sent directly to the institution. I certify that, to the best of my knowledge and belief, all information contained in this application is true and accurate. I agree to the release of appropriate information to the media.

\_\_\_\_\_  
Signature: Applicant

\_\_\_\_\_  
Date

**To be completed by High School Principal:**

I certify that the above applicant is a senior or graduate of  
\_\_\_\_\_ High School.

\_\_\_\_\_  
Signature: High School Principal

\_\_\_\_\_  
Date

**Applications will be reviewed by representatives of the nine  
school corporations served through Cooperative School Services.  
The winner will be notified by May 20, 2022.**

**Checklist for Completed Application**

- \_\_\_ Completed Application Form
- \_\_\_ 3 Letters of Recommendation
- \_\_\_ Current Transcript (High School & Post Secondary, if appropriate)  
with G.P.A. and SAT and/or ACT scores or the equivalent.



# **Cindy McKinney Scholarship**

## **Letter of Recommendation**

Applicant's Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

Applicant's Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's High School

\_\_\_\_\_

### **APPLICANT SHOULD COMPLETE THE FOLLOWING:**

#### **WAIVER OF ACCESS**

I have requested that this recommendation be submitted for use in the **Cindy McKinney Scholarship** application.

*(Applicant: check one of the following sentences in accordance with the Family Rights and Privacy Act.)*

\_\_\_ I waive access to this report. It shall therefore be considered confidential and not available to me.

\_\_\_ I do not waive access to this report.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**NOTE TO EVALUATOR:** If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to the members of the Scholarship Award Committee. If the applicant has not agreed, this report will be made available to the applicant upon request.

## **INSTRUCTIONS**

**To the Applicant:** After you have filled in and signed the front of this form, give it to one of the three people you have chosen to recommend you. (YOU WILL NEED TO MAKE COPIES TO PASS OUT TO EACH EVALUATOR FOR COMPLETION)

Chosen evaluators should be adults who can personally testify to your academic abilities and personal character.

Chosen evaluators cannot be your relatives. Please provide two evaluators who are your former or present teachers or counselors and one evaluator who knows you from another setting.

No application will be considered complete without this information.

**IMPORTANT:** BE SURE TO COMPLETE AND SIGN THE FRONT OF EACH LETTER OF RECOMMENDATION. IT IS YOUR RESPONSIBILITY TO COLLECT AND SUBMIT ALL THREE COMPLETED AND SIGNED LETTERS OF RECOMMENDATION AT THE SAME TIME YOUR APPLICATION IS SUBMITTED TO THE SCHOLARSHIP AWARD COMMITTEE.

**PLEASE USE BLACK OR BLUE INK...NO PENCIL.**

**To the Evaluator:** The information which you supply concerning this applicant's personality and motivation is very important in the final evaluation. Please use only the space provided on the original form with no additional attachments. No application will be considered complete without this information.

**IMPORTANT:** AFTER YOU HAVE COMPLETED THIS RECOMMENDATION, SEAL IT IN AN ENVELOPE WITH THE APPLICANT'S NAME WRITTEN ON THE OUTSIDE OF THE ENVELOPE.

RETURN THE ENVELOPE TO THE APPLICANT FOR SUBMISSION TO THE SCHOLARSHIP AWARD COMMITTEE.

For further information, contact Cooperative School Services at (219) 866-8540.

1. How long have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. Under what circumstances have you known the applicant?

3. Do you believe the applicant has the ability and is likely to succeed in a post-secondary educational program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain why or why not. PLEASE PRINT.

4. Based on your knowledge of the applicant:

(a) What are the applicant's greatest strengths and assets?

(b) What are the applicant's greatest weaknesses and liabilities?

(c) What are the applicant's qualities that lend themselves to working in the area of special education?

5. With a checkmark, please rate the applicant on each of the following characteristics (as compared to his/her peers):

Characteristics	Below Average	Average	Above Average	Superior to Me	Unknown Characteristic
Emotional Maturity					
Social Skills					
Leadership Ability					
Self-Motivation					
Intellectual Curiosity					

6. Please summarize your primary reason for recommending this applicant (merit, need, etc.). **PLEASE PRINT.**

Evaluator's Name: \_\_\_\_\_  
Last First Middle Initial

Occupation or Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ (daytime) (\_\_\_\_) \_\_\_\_\_ (evening)

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This recommendation will not be considered complete  
without the evaluator's signature.**