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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 guidance (school) counseling in an Iowa public secondary 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.

**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
- Current employment by an Iowa public school district
- Have five (5) years' experience as a fulltime School Counselor in an Iowa public secondary school
- Present sufficient information concerning the use of scholarship funds
- Present sufficient information concerning the class or program to be attended
- 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.**

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**GENERAL INFORMATION**

Name \_\_\_\_\_  
Last First Initial

Current Mailing Address \_\_\_\_\_  
Street City State Zip Telephone #

Current email address \_\_\_\_\_

Current local education association \_\_\_\_\_

Membership in the Iowa State Education Association since \_\_\_\_\_

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**APPLICANT'S WORK BACKGROUND**

Name of current or most recent employer \_\_\_\_\_

Location \_\_\_\_\_ Supervisor \_\_\_\_\_  
(City/State)

Job Title \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Name of previous employer \_\_\_\_\_

Location \_\_\_\_\_ Supervisor \_\_\_\_\_  
(City/State)

Job Title \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**SUMMARY OF PROGRAM REQUESTED**

Title \_\_\_\_\_

Sponsor \_\_\_\_\_

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

Program Description—Please attach a description/program, not to exceed one page.

Benefits from Attendance—Please attach a description, not to exceed on page.

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**AMOUNT OF SCHOLARSHIP FUNDS REQUESTED**

Total \$ \_\_\_\_\_

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**BREAKDOWN OF REQUESTED FUNDS**

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## **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 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 Travel Policy and submit to the Iowa State Education Association original receipts with voucher for expenses and description of 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, to The Roland and Dorothy Ross Trust c/o Cindy Swanson at the Iowa State Education Association, 777 Third Street, Des Moines, IA 50309-1301.**

**Deadline for this application (depending upon the date of the requested program) is February 15, May 15 & August 15, or November 15.**