
INSTITUTE OF SCRAP RECYCLING INDUSTRIES (ISRI)

RECYCLING EDUCATION & RESEARCH
FOUNDATION (RERF)

INDIANA CHAPTER OF ISRI

SCHOLARSHIP APPLICATION AND RENEWAL



ISRI

Voice of the Recycling Industry

Institute of
Scrap Recycling
Industries, Inc.

Application for Scholarship and Renewal
This application is posted on www.isriindiana.org
Click the "Scholarships" tab on the web page.

Send Application to:
Christine Gneiding, Scholarship Chair
Intrametco
14297 Bergen Blvd.
Suite 200
Noblesville, IN 46060
Phone: (317) 219-4444
Email: chris@intrametco.com

Please Type or Print

Legal Name

_____ Male: _____ Female: _____
Last First Middle Initial

School ID (if attending college) _____

Student Home Address and Phone Number

_____ Street Apt City State Zip Code Phone Number

Date of Birth: _____ Place of Birth: _____

Name of Parent or Guardian: _____

Parent's/Guardian's Home Address and Phone Number (If Different From Student)

_____ Street Apt City State Zip Code Phone Number

Parent's/Guardian's Employer

_____ Company Name Position in Company Dates of Employment

High School

_____ Name City State Zip Code Graduation Date

College

_____ Name City State Zip Code Graduation Date

Most Recent GPA: Weighted _____ Un-weighted _____ SAT Scores: Verbal: _____ Math: _____ ACT Score: _____

School Activities: (past 4 years) - list chronologically on additional page and attach to your application

Community Activities & Awards: (past 4 years) - list chronologically on additional page and attach to your application

Financial Questionnaire

How are you related to the individual that is employed by the sponsoring firm of this scholarship?

Child : _____ Spouse: _____ Self: _____

If you are married, please answer the following questions:

1. Total number of dependents including your spouse and yourself: _____
2. Total number of full time college students and private school students that you support: _____
3. Total working wages (salary, tips, wages etc.) of married couple. This information may be found on your W2 form. \$ _____
4. Total worth of scholarships (not just the ISRI Indiana Chapter) that you will receive.
\$ _____

If you are single, divorced, or widowed, please answer the following questions:

1. Do you totally support yourself? _____
 - a. If YES, please answer A, B, C, D and Omit Question 2 below.
 - b. If NO, please go on to question 2 below
 - A. The number of dependents that you support, including yourself: _____
 - B. The total full time students in college or private school that you support: _____
 - C. Your total working wages (salary, tips, wages etc.) in the previous year: \$ _____
(This information may be found on your W2 form.)
 - D. The total worth of the scholarships that you will receive: \$ _____
2. Your legal guardian's /parent's total income (salary, tips, wages etc.):
 - A. Total Both
Total Primary Parent
Total Secondary Parent
Total Legal Guardian
 - B. Your parent's/guardian's total number of dependents, including themselves: _____
 - C. The total number of students in college or private school that your parents/ legal guardian support: _____
 - D. The total worth of all the scholarships (not just the ISRI Indiana Chapter) that you will receive: \$ _____

Please List the College of University that you Plan to Attend

First Choice

School Name: _____

City: _____ State: _____

Second Choice

School Name: _____

City: _____ State: _____

Third Choice

School Name: _____

City: _____ State: _____

**Release Agreement between Scholarship Applicant and
the Institute of Scrap Recycling Industries (ISRI),
Recycling Research Foundation and the
Indiana Chapter of ISRI**

I, _____ (name of scholarship recipient if recipient is over 18 years old or the name of the parent of recipient if the recipient is under 18 years old), do hereby give and grant permission to the Recycling Research Foundation, Inc., the Institute of Scrap Recycling Industries, Inc. ("ISRI"), and the Indiana Chapter of ISRI, the irrevocable right, permission and license to publish, reproduce, distribute, and/or otherwise use: (i) my/my child's name; and (ii) any photographic image or likeness of me/my child in conjunction with the announcement of scholarship awards, promotion of the scholarship program, or other publication of information related to the scholarship program. I hereby waive all rights of inspection or approval with regard to any publication, and/or other use of my/my child's name.

Signed: _____ Date: _____

Checklist: Must be Complete for Consideration!

1. Official transcript of high school and/or college grades
2. Standardized Test Scores: SAT and/or ACT (High School Students Only)
3. Two letters of recommendation signed and dated within the past 6 months
4. Completed Scholarship application

Mail Completed Application to:

Christine Gneiding, Scholarship Chair
Intrametco
14297 Bergen Blvd., Suite 200
Noblesville, IN 46060