



Eligibility

To be eligible to receive one of four \$2500 in scholarships, an applicant must meet the following requirements:

1. The applicant must be an employee, dependent, spouse, or child of an employee of a Indiana Chapter - ReMA member company at time of application. In addition, the member company must be in good standing with both the Indiana Chapter and ReMA National at the time of application.
2. No more than two (2) recipients per member firm may be awarded a scholarship per award year.
3. Each applicant must intend to pursue studies at an accredited educational institution designed to meet the requirements for an academic, professional, or occupational degree conferred by a college, university, or other accredited school as listed by the U.S, Department of Education at - <http://ope.ed.gov/accreditation/Search.aspx>.
4. Undergraduate applicants only are eligible.
5. The applicant may attend any institution as outlined above of his or her choice; however, any charges above the amount of the scholarship will be the applicant's responsibility
6. Scholarships may be awarded on a continuing basis; however, the applicant must apply each year for additional scholarship funding.
7. The committee need not award any or all the funds available unless the applicants meet all of the eligibility requirements.
8. Submissions will not be returned to the applicant. Applicants are responsible for maintaining a copy for their files.
9. The scholarship shall be awarded for a full year of schooling. Half of the scholarship shall be paid in the first semester, half in the second. Payments will be made directly to recipient's colleges/universities, not to the recipient, with the assistance of the ReMA finance department. It is the recipient's responsibility to keep the Indiana Chapter Scholarship Committee Chair apprised of any changes to their plans.

In the event an applicant does not complete the full year of school, any refunds shall be returned to the ReMA - Indiana Chapter Scholarship Fund and the recipient shall notify the Indiana Chapter Scholarship Committee Chair in writing of any changes as soon as possible.



Application Instructions

[\(Click here to apply\)](#)

**Scroll to Scholarship Section of the Chapter Page*

Each applicant shall submit all required documentation prior to the deadline set by the Scholarship Committee. Answers to biographical summary must be typewritten, single space, on 8-1/2"x11" paper.

Required Items:

1. Completed and signed application with signed Release and AI Scholarship Guidelines for Applicants forms.
2. Personal narrative and statement of goals, hobbies, obstacles overcome, or anything you feel the committee should know about you.
3. Summary of extracurricular activities from High School Junior year and later including organized sports, clubs and organizations, volunteerism in organizations like charities, scouts, churches, etc., work history, leadership positions held, and accomplishments and awards at local, state, and national levels.
4. Official High School transcript unless at least one year of college is complete in which case only submit official College transcript.
5. Recommendation:
 - Up to two (2) letters of recommendation from sponsors, teachers and other persons not related to the applicant.

Submissions that are incomplete, unsigned, missing mandatory items, or received after the deadline of June 15, 2026, will be disqualified. Submit application by email to:

lcrockett@amgresources.com with 'Indiana' in the subject field.

Please note: If your application is received by email and confirmation will be sent. If you do not receive a confirmation email, please contact Lori Crockett at 574-218-2502 to ensure that your email has not been blocked.

The Indiana Chapter voting team will be comprised of current members of the Indiana Chapter Scholarship Committee and may issue all, some, or none of the scholarship funds available in any given year. The scholarship committee will determine the awarded scholarship recipients based solely on nondiscriminatory and objective criteria. Recipients will be notified once the scholarship committee has completed the selection process. ReMA is committed to a policy of equal opportunity and will not discriminate against an applicant based on race, color, religion, creed, national origin or ancestry, ethnicity, sex (including, but not limited to gender, sexual orientation, and gender identity), age, physical or mental disability, veteran or military status, genetic information, citizenship, or any other legally recognized protected basis under federal, state, or local law.

The information collected by this application is solely to verify identity determine eligibility for scholarship funds, and if selected for a scholarship, for disbursement of funds, the announcement of



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scholarship awards, promotion of the scholarship program, or other publication information related to the scholarship program.

Please note that contributions to this scholarship fund are not tax-deductible as charitable donations for individuals. Business contributions may be able to treat their contributions as a business expense. Donors should consult their tax advisor for guidance based on their specific circumstances.



APPLICATION

Please use legal names only.

Last _____ First _____ Middle Initial _____

Date of Birth _____ Phone _____

School ID (If in College): _____ Email address _____

Street Address _____

City _____ State _____ Zip _____

High School _____ Graduation Date _____

High School City, State and Zip _____

Email address _____

Most Recent GPA: Weighted _____ Unweighted _____ SAT Scores: Verbal _____ Math _____ ACT Score _____

Name of Member Employee _____

Relationship to Student _____

Dependents in family _____ Number attending college next year _____

Home Address (if different from student) _____

City _____ State _____ Zip _____

Phone _____

Employer _____

(Must be a current Indiana Chapter – ReMA Member Company)

Position in Company _____ Dates of employment _____

Member Employee

signature _____

(By signing you attest that all above information is correct)

Name of School: _____

(The name of the school where you have been accepted and plan to enroll and attend.)

City _____ State _____ Zip _____

Address of the Bursar Office

(Note: Do not provide general address of school, must be directed to the Bursar office or building)

Address Line 1: _____

Address Line 2: _____ City: _____

_____ State: _____ Zip Code: _____

Bursar Office Phone Number: _____

Any additional information about your college or University's scholarship award policy (note N/A if not applicable):

Email to: lcrockett@amgresources.com with 'Indiana' in the subject field. June 15, 2026 Deadline



Extracurricular Activities
(High School junior yr. and after)
(Copy and paste as needed for additional activities)

Organized Sports

Sport _____

Grades participated High School _____ College _____

Clubs

Group Name _____ Activities _____

Grades participated High School _____ College _____

Volunteer

Group Name _____ Activities _____

Grades participated High School _____ College _____

Employment

Business Name _____ Full time part time

Grades participated High School _____ College _____

Leadership

Position _____

Grades participated High School _____ College _____

Awards

Name of Award _____

Grades participated High School _____ College _____



Indiana Chapter
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Release Agreement between Scholarship Applicant and the Recycled Materials Association (ReMA) and the Indiana Chapter of ReMA

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 Institute of Scrap Recycling Industries, Inc. dba Recycled Materials Association (“ReMA”), and the Indiana Chapter of ReMA, the irrevocable right, permission, and license (without compensation) 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 and compensation regarding any publication, and/ or other use of my/ my child's name.

Signature _____

Date _____