

SCHOLARSHIP APPLICATION

I am applying for the following scholarship(s). Check all that apply.

<input type="checkbox"/>	Allen Family Scholarship	<input type="checkbox"/>	Lorna D. Rowland Scholarship
<input type="checkbox"/>	Joe Carnes Scholarship	<input type="checkbox"/>	Mariana Szczesny Scholarship
<input type="checkbox"/>	LeAnn Golembiewski Memorial Scholarship	<input type="checkbox"/>	TC Industries, Inc. Scholarship
<input type="checkbox"/>		<input type="checkbox"/>	VAC Veterans Memorial Scholarship

Student name: _____ Male Female

High school: _____ Birth date: ____/____/____

Grade level: _____ GPA: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Extracurricular activities: List school, sports (leadership positions and/or role on the team), volunteering, community activities and church activities by date here. Include sponsoring organization, dates of participation, hours engaged and positions held. Use local examples. If you did not participate in any activities, please enter "None".

College/University: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you accepted? Yes No Is this school accredited? Yes No

Field of Study: _____ 2 Year 4 Year Vocational/Technical

Will you be a: Full-Time Student Part-Time Student

Why did you select this program? _____

Academic or personal achievements: _____

Special honors or awards: _____

Most recent employer: _____

If you haven't been employed, write N/A

Responsibilities: _____ Number of hours per week: _____

How will you pay for school without scholarship assistance? _____

Reason for financial aid request: _____

Tentative college costs:

\$	Tuition
\$	Room & Board
\$	Books & Fees
\$	Other
\$	Total

Career goals: _____

Have your parents, grandparents, or step-parents served (or are currently serving) in the United States military? Yes No

If yes, list your relationship and branch of service: _____

Parent(s) or Guardian(s) place of employment: _____

400-600 Word Essay: *Your essay is your opportunity to address the scholarship committee and show how you meet the scholarship criteria. Include information that you believe the committee should know as it considers your application. You may also include academic or personal achievements, leadership skills, community and school participation, financial obligations and any hardships experienced. Identify motivating factors that shape your goals. **Please do not use your name in your response.***

I certify that the statements herein are true to the best of my knowledge.

Signature

Date

Attach with your application:

1. Two Scholarship Recommendation forms (Form A)
2. High School Academic Verification Form (Form B)
3. Verification form of ACT and/or SAT Score
4. Student Aid Report
5. High School Transcript
6. Essay (400-600 words, typed)

SCHOLARSHIP RECOMMENDATION FORM

(FORM A) – MUST SUBMIT TWO WITH YOUR APPLICATION

Dear Scholarship Applicant Recommender,

The student listed below has selected you to give The Community Foundation for McHenry County's Scholarship Selection Committee a recommendation for him/her. The committee would like to know, in your opinion, why we should award scholarship funds to support this student in their education.

When you have completed this form, put it in an envelope, seal the envelope, sign on the seal of the envelope and return the sealed envelope to the applicant. The applicant must submit all recommendations in one packet by April 15, 2020. If you have any questions about this form or procedure, please call 815-338-4483 or email connect@thecfmc.org

Thank you for your time and participation in the process.

Regards,

The Community Foundation for McHenry County
Scholarship Selection Committee

Applicant's Complete Name (*please print*)

This is a 2-page form. This first page is the cover sheet. The second page is the actual rating form. Please DO NOT use the applicant's name on the actual rating form (Page 2).

SCHOLARSHIP RECOMMENDATION FORM

Please DO NOT write applicant's name on this sheet.

How long have you known the applicant?

	< 1 year	1-3 years	3-5 years	6-10 years	10+ years
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your relationship to the applicant?

	Teacher	Employer	Faith	Community
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why should the applicant receive this scholarship?

Please describe your understanding of this applicant's ability to meet his/her educational goals:

Please rank your willingness to recommend the applicant for this scholarship:

Highly Recommend Recommend with Reservations

Recommend Other: _____

Please explain:

Name of recommender _____ Title/Position _____

Institution/Business name _____ Phone number _____

Signature _____ Email address _____ Date _____

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HIGH SCHOOL ACADEMIC VERIFICATION FORM (FORM B)

Student name _____
(please print legibly)

Instructions:

- This form must be included in each applicant's hard copy packet
- Students should complete this form and ask their school counselor or other appropriate administrator to verify the information and sign this form
- Call 815-338-4482 or email connect@thecfmc.org with questions

Cumulative GPA at the end of seven semesters is _____ based upon a _____ scale.

Cumulative GPA is: Weighted Non-weighted

Highest Composite ACT Score is _____ and/or Highest Composite SAT Score is _____

List senior year courses – specify advanced placement (AP), honors (H), etc.

Signature: _____ Date _____

Official School Seal: