SCHOLARSHIP APPLICATION

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

<table>
<thead>
<tr>
<th>Scholarship Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Allen Family Scholarship</td>
<td>Lorna D. Rowland Scholarship</td>
</tr>
<tr>
<td>Joe Carnes Scholarship</td>
<td>Mariana Szczesny Scholarship</td>
</tr>
<tr>
<td>LeAnn Golembiewski Memorial Scholarship</td>
<td>TC Industries, Inc. Scholarship</td>
</tr>
<tr>
<td>LeAnn Golembiewski Memorial Scholarship</td>
<td>VAC Veterans Memorial Scholarship</td>
</tr>
</tbody>
</table>

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: ______________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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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:

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>$</td>
<td>Tuition</td>
</tr>
<tr>
<td>$</td>
<td>Room &amp; Board</td>
</tr>
<tr>
<td>$</td>
<td>Books &amp; Fees</td>
</tr>
<tr>
<td>$</td>
<td>Other</td>
</tr>
<tr>
<td>$</td>
<td>Total</td>
</tr>
</tbody>
</table>

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)
7. Veterans Memorial Scholarship only: As proof of military service a photocopy of an undeleted DD-214 or photocopy of post membership card and certification by a post officer is required.
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.

<table>
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<tr>
<th></th>
<th>&lt; 1 year</th>
<th>1-3 years</th>
<th>3-5 years</th>
<th>6-10 years</th>
<th>10+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you known the applicant?</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
</tr>
<tr>
<td>Teacher</td>
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<tr>
<td>Employer</td>
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<tr>
<td>Faith</td>
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</tr>
<tr>
<td>Community</td>
<td></td>
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What is your relationship to the applicant? | □        | □         | □         | □          | □         |

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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□ Recommend              □ Other: ____________________________

Please explain:

________________________________________________________________________

________________________________________________________________________

Name of recommender ____________________________ Title/Position ____________________________

Institution/Business name ____________________________ Phone number ____________________________

Signature ____________________________ Email address ____________________________ Date ______

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. Thank you.
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@thecfm.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: