

SCHOLARSHIP APPLICATION

UPDATED MARCH 25, 2020 IN RESPONSE TO COVID-19. THIS APPLICATION IS FOR 2020 SCHOLARSHIPS ONLY.

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: _____

Birth date: ____/____/____ Student phone: _____

Student email address: _____

Male Female

Student address: _____

City: _____ State: _____ Zip: _____

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

Signature

Date

***Please do not include your name on any pages of the application beyond this point.**

***Please do not include your name on this page.**

High school: _____

Grade level: _____ GPA: _____

Extracurricular activities: *List school, sports (leadership positions and/or role on the team), volunteering, community 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.

Number of hours per week: _____ Responsibilities: _____

***Please do not include your name on this page.**

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.***

****Please do not include your name on this page.***

Applications can be submitted by mail to:

The Community Foundation for McHenry County
Attn: Scholarships
630 North Route 31, Suite 101
Crystal Lake, IL 60012

Mailed applications must be postmarked or delivered by May 1, 2020.

Or, applications can be submitted via email to connect@thecfmc.org.

Please include “scholarship” and the student’s full name in the subject line. The CFMC is not responsible for incomplete applications if documents are sent without proper identification.

Emailed applications must be sent by May 1, 2020.

Attach with your application:

1. Student Aid Report
2. High School Transcript
3. Essay (400-600 words, typed)
4. 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.

In addition to your application, please ask your educators, guidance counselors, or school officials to email the following documents directly to The CFMC at connect@thecfmc.org:

1. Two Scholarship Recommendation forms (Form A)
2. High School Academic Verification Form (Form B)