CITY OF ROCKFORD HUMAN SERVICES DEPARTMENT

A Community Action Agency

555 N. Court St. Rockford, IL 61103 (815) 987-5711

2015 SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATION ***APPLICATION DEADLINE – March 27th 2015***

APPLICANT INFORMATION

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

TELEPHONE _____

EMAIL _____

A. AM I ELIGIBLE?

1. **ARE YOU OR WILL YOU BE A HIGH SCHOOL GRADUATE THAT INTENDS TO ATTEND AN ILLINOIS ACCREDITED SCHOOL IN THE NEXT 6 MONTHS?**

2. **IS YOUR HOUSEHOLD INCOME BELOW THE FOLLOWING GUIDELINES?**

Based on family size, the total family annual gross income (income before deductions) may not be more than:

Family Size	Annual Income Limit(s)	Family Size	Annual Income Limit(s)
1	$14,712.50	2	$19,912.50
3	$25,112.50	4	$30,312.50
5	$35,512.50	6	$40,712.50
7	$45,912.50	8	$51,112.50

*For Households over 8 persons add 5,200.00 per person.

IF YOU ANSWERED YES TO BOTH THESE QUESTIONS THEN YOU ARE ELIGIBLE TO APPLY.

A. APPLICANT'S EDUCATIONAL BACKGROUND

1. **Name & city of last high school you attended/dates attended:**

Name of School: _____City_____

Dates Attended: _____

Did you: (circle one) Graduate OR Obtain GED Year: _____

B. EDUCATION INFORMATION

1. Have you had any post high school education? _____Yes _____No

   If yes, describe your classes and/or training: _____

   _____

2. Highest level of education completed: _____

3. Illinois educational institution or training program you plan to attend: _____

4. Dates you plan to attend: _____

5. Have you applied there? _____Yes _____No

6. Have you been accepted there? _____Yes _____No

7. Are you already a student there? _____ Yes _____ No

8. What degree do you hope to obtain and in what field? _____

9. Most recent grade point average (high school or college) _____

10. Applicant's father's highest level of education: _____

11. Applicant's mother's highest level of education: _____

C. FINANCIAL ASSISTANCE AND AWARDS

1. List other financial assistance you have applied for. Indicate amount and if each is approved, denied or pending:

Assistance Applied For:	**Amount:**	**Approved/Pending/denied**
_____MAP GRANT	_____	_____
_____PELL GRANT	_____	_____
_____FAFSA LOAN	_____	_____
_____**BANK LOAN**	_____	_____

Have you applied for other scholarships? _____ **If yes, list below:**

Scholarship	**Awarded**	**Amount**
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. EMPLOYMENT HISTORY

1. Are you currently employed? _____ If so where? _____
   Length of employment _____.

2. List any previous employment (within last 3 years):

_____

_____

_____

E. APPLICANT'S PERSONAL INTERESTS AND GOALS (attach additional pages if necessary)

1. **Describe why setting goals is important?**

_____

_____

_____

_____

2. **Discuss your greatest accomplishment and how it changed your life.**

3. **What are your interests, hobbies and/or activities or volunteer work in which you participate/participated?**

4. **What is one thing you have learned to enable yourself to be successful in life?**

5. **What is one thing you would like to see changed in the world today and why?**

6. **Why are you a good candidate to receive this award?**

_____

_____

_____

_____

_____

_____

7. **Where do you see yourself 10 years from now?**

_____

_____

_____

_____

_____

F. <u>REFERENCES</u>

Please submit 2-3 letters of reference in sealed envelopes. These may be from previous employers, teachers, ministers or anyone who has known the applicant for at least one year. Family members/relatives may not be used as references. Letters of reference should include the capacity in which the person knows you, the length of acquaintance, comments on your character, skills, traits, etc. and other pertinent information. Letters must include the name, position, address and phone number of the writer and will remain confidential.

G. <u>OTHER REQUIRED DOCUMENTATION</u>

- **LETTER OF ACCEPTANCE FROM AN ILLINOIS ACCREDITED EDUCATIONAL INSTITUTION**
- **LETTER OF AWARD FROM ALL GRANTS, LOANS and OTHER SCHOLARSHIPS**

If selected for an interview, you will be required to fill out a formal application that verifies your household income for all persons in your household. If anyone else can claim you as a

dependent, their income must be included. If selected for an interview, a staff person will review with you what documentation we require to verify eligibility.

H. CERTIFICATION

I certify that the information I have provided in this application is an accurate and complete disclosure of the requested information. I hereby authorize the Human Services Department to verify the above information and to contact any and all applicable parties for verification or additional information. I hereby authorize release of this and other documents pertaining to my financial need, enrollment status and other information submitted to the organization for purposes of determination of my eligibility for this scholarship program only. I understand that final determination rests with the Rockford Human Services Department.

_____ _____

Signature Date

ALL APPLICATIONS MUST BE POSTMARKED OR HAND-DELIVERED TO THE CITY OF ROCKFORD'S HUMAN SERVICES DEPARTMENT AT 555 N. COURT STREET SUITE 301 BY 4:00 PM ON MARCH 28th, 2014.