



**2017 CAROL STREAM CHAMBER OF COMMERCE FOUNDATION
SCHOLARSHIP PROGRAM**

The Carol Stream Chamber of Commerce Foundation offers post-secondary scholarships to eligible Carol Stream residents.

The criteria for the awards are as follows:

1. The applicant must be a Carol Stream resident.
2. The applicant must fully complete the Scholarship Application Form and see that the form is fully executed, except for the signature of the chapter official on page 1.
3. The applicant must plan to attend an institution of higher learning: a 4 year college or university, a 2 year community college, or a professional trade school.
4. Applicants may not be a child of a member of the Chamber Foundation's Board of Directors.

ONLY THE FIRST 30 APPLICANTS WILL BE CONSIDERED!!

Please return this form as soon as possible or at least before April 1, 2017 to:

Glenbard North High School
Attn: Ms. Debra Cartwright
990 Kuhn Road
Carol Stream, IL 60188

Interviews with prospective candidates – in person only – will take place **April 4 and 5, 2017** at Glenbard North High School (enter Door 1) main office conference room.

A handwritten signature in blue ink that reads 'Luanne Newman'.

Luanne Newman, Executive Director
Carol Stream Chamber of Commerce/Foundation
150 S. Gary Avenue
Carol Stream, IL 60188
(630) 665-3325

Carol Stream Chamber of Commerce Foundation
150 S. Gary Avenue, Carol Stream IL 60188 • (630) 665-3325
www.carolstreamchamber.com

KEEP THIS PAGE FOR YOUR RECORDS



TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Carol Stream Chamber reserves the right to process only applications found to be complete as of the application postmark deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

1. Fully completed application form, fully executed.
2. Current grade transcripts.

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the chamber, the Carol Stream Chamber of Commerce may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet).

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of chapter official _____ State Illinois

Name of Chapter Carol Stream Chamber of Commerce Foundation

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
 Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)
 ()

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant _____
 (Street) (City) (State) (Zip)

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address _____ (Street) (City) (State) (Zip) Telephone Number _____ ()

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
 4-year College/University Vo-Tech
 Community College Other
 Accredited? Yes No

Address _____ (City) (State) (Zip)

Has applicant been accepted? _____ Yes _____ No
 Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: Live on campus Live off campus Commute

Enrolled: Less than half-time Half-time or more Full-time

Anticipated date of graduation from postsecondary program _____ (month) (year)

Major field of study applicant plans to pursue _____

OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

I.D. #

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Appraiser's Business Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or v-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale

SAT Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature _____ Date _____ Title _____ Telephone Number _____

School Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- Application
- All required signatures
- Current Transcript of Grades
- Application Deadline: April 1, 2017

Return Application To:

Glenbard North High School, Attn: Ms. Debra Cartwright, 990 Kuhn Road, Carol Stream, IL 60188 before April 1st, 2017 **ONLY THE FIRST 30 APPLICANTS WILL BE CONSIDERED!!**