**2018 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. Applicants must be a 2018 high school graduate.
3. 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.
4. 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.
5. 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 February 28, 2018 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 March 5th and 6th, 2018 at Glenbard North High School (enter Door 1) main office conference room.

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, and 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 of Commerce Foundation 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 Foundation 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 Organization Carol Stream Chamber of Commerce Foundation

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ID # Award Amount

# PLEASE PRINT OR TYPE

## APPLICANT DATA

Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. Name (Last) (First) (MI)

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

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| --- | --- | --- | --- |
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|  |  |  |  |
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### PERSONAL DATA

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 |
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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. ofYearsPartic. | Special Awards, Honors, Offices Held | Activity | No. ofYearsPartic. | Special Awards, Honors, Offices Held |
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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.

Page 3 **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  extremely  very  moderately  inappropriate

education program is appropriate appropriate appropriate

The applicant’s achievements reflect  extremely  very well  moderately  not well

his/her ability well well

The applicant’s ability to set realistic and  excellent  good  fair  poor

attainable goals is

The quality of the applicant’s commitment  excellent  good  fair  poor

to school and community is

The applicant is able to seek, find, and use  extremely  very well  moderately  not well

learning resources well well

The applicant demonstrates curiosity and  extremely  very well  moderately  not well

initiative well well

The applicant demonstrates good problem-  extremely  very well  moderately  not well

solving skills, follows through, and completes tasks well well

The applicant’s respect for self and others is  excellent  good  fair  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 vo-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 Application

This application for student aid becomes complete All required signatures

only when you have returned the following materials Current Transcript of Grades

(Two first-class stamps are required for mailing.) Application Deadline: February 28, 2018

***Return Application To:
Glenbard North High School, Attn: Ms. Debra Cartwright, 990 Kuhn Road, Carol Stream, IL 60188 before February 28, 2018* ONLY THE FIRST 30 APPLICANTS WILL BE CONSIDERED BY THE COMMITTEE**

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