

# Scholarship Information Sheet

This \$1000.00 scholarship will be awarded to a female resident of Kendall County, Illinois.

## Qualifications:

- Legal residence of Kendall County, Illinois for at least three (3) years
- Acceptance to a university/college in the state of Illinois.
- Evidence of activity in public and civic affairs

## Required Documents:

The following documents **must be submitted** for the applicant to be considered:

1. Completed and signed Kendall County Republican Women (KCRW) Scholarship Application. The application may be obtained from the school or from the KCRW website: [www.kcrwillinois.org](http://www.kcrwillinois.org)
2. Signed Waiver of Confidentiality on page 4 of the KCRW Scholarship Application
3. A copy of the applicant's birth certificate proving United States Citizenship or citizenship papers (these documents will be returned to you.)
4. Sealed official academic transcript through the first semester of senior year of high school or through the preceding semester of college (if transcripts are opened the application will be disqualified). Both transcripts are required when the applicant is a college freshman. If grades for the most recent term are not included on the transcript, provide a clear photocopy of current grades in addition to the official transcript(s).
5. Two sealed Letters of Recommendation using the Scholarship Recommendation Form included with the application. One letter must be an academic reference and the other from a personal or community service source. If letters are unsealed, the application will be disqualified.
6. **PERSONAL LETTER** – This essay is a biographical sketch describing the applicant and why she should be considered for the scholarship. The sketch includes applicant's career goals, educational plan, accomplishments/awards, extra-curricular activities, work experience, involvement in community or civic affairs, and how this involvement fostered personal growth. Extenuating financial circumstances should also be included in the essay. **The Personal Letter must be the work of the applicant and is an essential component of the application.**

## Application Deadline:

Completion and submission of applications are the responsibility of the applicant. Application packets including **all** required documents must be submitted in one envelope and received at the address listed below no later than March 30. The KCRW Scholarship Committee will not consider late or incomplete applications. Please review your application carefully before submitting. All submitted materials, including signatures, must be clear and legible. No faxes or e-mailed applications will be considered. Winners will be notified by a personal phone call and/or written notice by May 1.

**Mail Applications to: Dr. Carole D. Liske, 79 N. Royal Oaks Drive, Bristol, IL 60512**  
**Direct questions to Dr. Liske at [liskeline@sbcglobal.net](mailto:liskeline@sbcglobal.net) or call 630.553.6400**

# Scholarship Application

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

First Middle Last

2. Home Address: \_\_\_\_\_

Number/Street City State Zip Code

3. How long have you lived at this address? \_\_\_\_\_

If less than 3 years, please list previous address: \_\_\_\_\_

\_\_\_\_\_

4. Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

5. From what high school did you, or will you graduate?

\_\_\_\_\_  
Name of high school City State Year

6. In what extra-curricular activities did you participate?

School \_\_\_\_\_

Community \_\_\_\_\_

7. Other high schools attended: \_\_\_\_\_

8. Name and address of the college you plan to attend or are currently attending:

\_\_\_\_\_

9. Date of planned entrance into college: \_\_\_\_\_

10. What course of study will you pursue? \_\_\_\_\_

# Scholarship Application

11. Have you ever been employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employers:

Dates:

_____	_____
_____	_____
_____	_____

12. Will you be working during college to help meet expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain (be specific)

\_\_\_\_\_  
\_\_\_\_\_

13. What other monetary support have you applied for and/or been awarded for the next academic year? For example, other scholarships, financial aid packages, work study programs, etc. \_\_\_\_\_  
\_\_\_\_\_

14. All applicants must complete this item. If applicant is married, complete this item for yourself and your spouse rather than for parents/legal guardian.

Father's name: \_\_\_\_\_

Father's address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

# Scholarship Application

15. If the Scholarship Committee should consider additional information when reviewing this application, include the information in the Personal Letter or attach relevant document(s) to the application and check the box.

16. My permanent residence meets the “Eligibility Requirements” listed in the Scholarship Information Cover letter: \_\_\_\_Yes \_\_\_\_No

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By applying for the Kendall County Republican Women Scholarship and by signing this application, the applicant acknowledges the following:

- The terms of a scholarship, once awarded are non-negotiable except under extreme circumstances and solely at the discretion of the Scholarship Committee.
- The following grounds shall be deemed just cause by the Scholarship Committee to disqualify the application or terminate the financial award at a later date
  - 1) Falsifying information submitted in this application and/or presented to the Kendall County Republican Women Scholarship Committee
  - 2) Violating or not meeting Scholarship guidelines and
  - 3) Failing to notify the Scholarship Committee of major changes in information or problems meeting the terms of the award.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE NOTE: The completed application and all required documents (listed on the Scholarship Information Sheet) must be received by 5:00 pm on March 30.**

*Acceptance of a scholarship places you under no legal obligation to Kendall County Republican Women.*

**QUESTIONS? Contact the Committee Chair – name and contact information is listed at the bottom of the Scholarship Information Sheet.**

# Scholarship Application

## Waiver of Confidentiality

I hereby affirm that all of the information included in my Scholarship Application is true and correct to the best of my knowledge.

I am a current resident of Kendall County and have been a legal resident of Kendall County for the past three years.

If I am a winner, I give permission for my name and information about me to be released to the press (financial information will not be disclosed.)

I give my permission to have photographs entered in the following: Please check  
\_\_\_\_\_Newspaper      \_\_\_\_\_Kendall County Republican Women website

\_\_\_\_\_  
Signature of applicant      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian      Date: \_\_\_\_\_

# Scholarship Recommendation Form

**Name of Applicant:** \_\_\_\_\_

*Answer each question in as much detail as possible. A narrative letter of recommendation may be submitted in lieu of this form. List the applicant's name at the top of the letter and address the questions included in this form.*

*Submit completed recommendation forms or letters of recommendation in a sealed envelope with your signature over the seal. Applicants will submit the sealed envelopes with the scholarship application.*

***Completed scholarship applications with all required documents must be received by March 30.***

1. How long have you known this student and in what capacity? Is the student related to you?
  
  
  
  
  
  
  
  
  
  
2. Describe any knowledge you have of this student's participation in public and civic affairs.
  
  
  
  
  
  
  
  
  
  
3. List any of the student's accomplishments, awards, honors, or other significant information which should be considered by the Scholarship Committee.
  
  
  
  
  
  
  
  
  
  
4. Are you aware of any financial difficulties that the applicant or applicant's family faces in financing a college education?

**COMPLETE BOTH SIDES OF THIS FORM**

5. Recommendation:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title or position

\_\_\_\_\_  
Company or organization

\_\_\_\_\_  
Street Address

Phone \_\_\_\_\_

Revised 12/2013

**COMPLETE BOTH SIDES OF THIS FORM**