

WINFIELD

CHAMBER OF COMMERCE

2008 WALTER SCHAUER / DOLLARS FOR SCHOLARS SCHOLARSHIP AWARDS PROGRAM

Instructions

The **Winfield Chamber of Commerce**, in conjunction with **Dollars for Scholars** and the **Winfield Lions Club**, is pleased to offer scholarship support to selected high school graduating seniors and/or undergraduate students from the Winfield area. This scholarship is named in honor and memory of Walter Schauer, a member of the Winfield Lions Club, as well as one of the organizing directors of the Winfield Chamber of Commerce in 1975, and its president from 1978-82.

The scholarship may be used at a four-year college/university, a junior college, or a post high school vocational school. Graduating seniors or undergraduate students of parents or guardians having a zip code of 60190 are eligible to apply for the scholarship.

***For this 2008 academic year, \$16,000 will be awarded –
\$2,000 to each of eight students.***

If you wish to be considered for this scholarship, please provide the information requested on the attached application. Finalists may be requested to provide additional information to the Scholarship Committee. Incomplete applications will not be considered, so please be careful and thorough.

1. Complete applicant data on pages 2 & 3.
2. Have your counselor/advisor/instructor/supervisor complete information on page 4.
3. Provide the best estimated financial data (page 5).
4. Complete the narrative (page 5); additional/separate sheets may be used.
5. Application must be signed by both parent(s)/guardian(s) and student (page 5).
6. Have your high school/college send an updated official copy of your transcripts and ACT scores to the Winfield Chamber of Commerce, P.O. Box 209, Winfield, IL 60190, by Friday, April 25, 2008.
7. Please include a copy of your college acceptance letter.
8. Completed applications *must be received* by 5:00 p.m., Friday, May 2, 2008, to the Winfield Chamber of Commerce (0S125 Church St., or mailing address above).

Applicants will be notified by phone and/or mail of the decision of the Scholarship Committee. Award recipients will be invited to appear at a Chamber of Commerce meeting sometime in May. The following criteria will be used to determine scholarship winners:

- ◆ Grade Point Average
- ◆ ACT Scores
- ◆ Community Service
- ◆ Work Experience
- ◆ Extra-Curricular Activities
- ◆ Financial Need

P.O. BOX 209, WINFIELD, ILLINOIS 60190-0209 ▪ Tel: (630) 682-3712 ▪ Fax (630) 682-3726
Email: winfieldchamber@sbcglobal.net ▪ Website: www.winfieldchamber.biz

APPLICANT DATA

Mr. Ms. _____
Last Name First Middle Initial Social Security #

Permanent Address: Street City State Zip Code

Date of Birth: Month/Day/Year Telephone #

Name of Parent(s)/Guardian(s)

Permanent Mailing Address & Telephone # of Parent(s)/Guardian(s) if Different from Applicant

SCHOOL DATA

High School Attended: _____ Graduation Date (Month/Year): _____

Address: Street City State Zip Telephone #

Name of High School Principal: _____

Name of Postsecondary School for which Applicant's Scholarship is Requested

Address: Street City State Zip

School is: 4-yr. College/University Community College Vo-Tech Other Accredited? 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: Full-time Half-time or more Less than Half-time

Anticipated Date of Graduation from Postsecondary Program (Month/Year): _____

Major Field of Study Applicant Plans to Pursue: _____

OTHER AWARDS

List the name and amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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/Employer Earned	Date from (mo/yr)...Date to (mo/yr)	Hours/week	Amount
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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., hospital, church work, volunteer work). Indicate all special awards or honors.

Activity Held	Years Participated	Special Awards, Honors, Offices
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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.

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.

Applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> not appropriate
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
Applicant's ability to set realistic & attainable goal is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Quality of applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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
Applicant demonstrates curiosity & initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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
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	Title	Telephone #	Date
Appraiser's Business Address: Street		City	State Zip

TRANSCRIPT INFORMATION

1. **High school seniors & 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 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.
 PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____
 ACT Standard English _____ Math _____

School Official's Signature	Title	Telephone #	Date
School Address: Street		City	State Zip

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials:

- Application
- Current Transcript of Grades
- All required signatures

Deadline: Return Application by **Friday, May 2, 2008** to: Winfield Chamber of Commerce, P.O.Box 209, Winfield, IL 60190 (if mailed)...or 0S125 Church St., Winfield (if delivered personally)

Estimated costs to attend College/School for next academic year:

Tuition \$ _____
Room & Board \$ _____
Books \$ _____
Total \$ _____

Total money (from parents, savings, earnings, etc.) which you will have available to meet expenses: \$ _____

Are you contributing to your own fund? Yes _____ No _____
(If *yes*, explain *how* in the supporting statement below.)

Will you receive an Illinois State Grant or Scholarship? Yes _____ No _____

STUDENT'S SIGNATURE

PARENTS'/GUARDIANS' SIGNATURES

NARRATIVE

Please tell in your own words why you think you should receive this scholarship. State what it is you intend to study, and what your expectations are following graduation.

Neatness, clarity, sincerity and correctness all count. You may type, print or write out your statement on this sheet. Additional sheets may be added if needed.