



SANDY COLE
State Representative – 62nd District
137 Center Street – Unit #2A, Grayslake, Illinois 60030

ILLINOIS GENERAL ASSEMBLY PUBLIC AFFAIRS SCHOLARSHIP APPLICATION
(Must be typed or neatly printed)

I. PERSONAL DATA

Name: _____
(First) (Middle) (Last)

Permanent Address: _____ City: _____ Zip: _____

School Address: _____ City: _____ Zip: _____

Home Phone: _____ School Phone: _____

Occupation: _____

E-Mail: _____

Date of Birth: ___/___/___ Age: _____ Social Security Number: _____

II. FAMILY DATA

Father: Name _____

Company: _____ Position: _____

Mother: Name _____

Company: _____ Position: _____

Gross annual family income: Please submit a **copy of your parents (or, if self-supporting, your) IRS 1040 form.**

Brothers and Sisters (list names and ages)

_____	_____
_____	_____
_____	_____

Family member(s) now attending college or university (list names and colleges):

III. ACADEMIC ACHIEVEMENT

High School Attended: _____ Year graduated: _____

Rank in Class: _____ Grade Point Average-GPA (on 4.0 scale) _____

A.C.T. Composite Score: _____ S.A. T. Composite Score: _____

Colleges Attended: _____ Number of years: _____

Major: _____ Grade Point Average-GPA (on 4.0 scale): _____

IV. SCHOLARSHIP DATA

University you plan to attend: _____

Date of application: _____ Accepted: Yes _____ No _____

University currently attending: _____

Other scholarships for which you have applied (list name and date recipients will be advised):

Scholarships or tuition assistance you **have received or are now receiving:**
(Please list with whom, duration and amount)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Will you attend college without this scholarship? Yes _____ No _____

Explain: _____

Military Information: Are you, or an immediate member of your family an active reservist, military member or veteran? Yes _____ No _____

If you answered yes, please indicate name of person and relationship _____

What special financial information should the Scholarship Committee know when considering this application?

V. PUBLIC AND CIVIC AFFAIRS

List the activities, honors, awards, or offices you have held:

School:

Community:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VI. EMPLOYMENT HISTORY

If you have been employed either full or part time complete the following:

<u>Name of Company: Or Organization</u>	<u>City:</u>	<u>Dates Worked</u>	<u>Type of Work</u>	<u>Hours Worked</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan to work while attending school? Yes _____ No _____

I hereby affirm that the above information is true and correct to the best of my knowledge.

Applicant's signature

Date

I hereby affirm that the income amount stated is correct.

Signature of Parent/Guardian or Self-sufficient Applicant

Date

To complete application for scholarship, you must submit the following by Monday March 22, 2010:

1. This completed application form
2. Official transcripts including grades of all high school, college work
3. Official records of ACT or SAT scores
4. Three (3) letters of recommendation
5. **Parents or if self-supporting, your IRS 1040 form**
6. A brief typewritten statement (one page only) of your career/life goals and past involvement in public and civic affairs, indicating why you feel this involvement was beneficial to you.
7. **Reminder, you must be a legal resident of the 62nd Legislative District for entire duration of scholarship.**

Please return all materials postmarked no later than Monday March 22, 2010 to:

Scholarship Advisory Committee
State Representative Sandy Cole
137 Center Street, Unit# 2A
Grayslake, IL 60030

Phone: 847-543-0062

Please note: It is the applicant's responsibility to have all information into the office on time. Please follow-up and make sure all transcripts have arrived. **Incomplete applications will not be considered.**

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DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____

62nd DISTRICT VERIFIED: _____



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**ILLINOIS GENERAL ASSEMBLY SCHOLARSHIP
RECOMMENDER INFORMATION**
(Must be typed or neatly printed)

Student's Name: _____
(First) (Middle) (Last)

Recommender's Signature: _____

Recommender's Name (PRINTED)

Title or Position

Company or Organization Name

Business or Home Telephone (with area code)

Business or Home Address: _____ City: _____ Zip: _____

E-Mail: _____



Please return this completed form in a sealed envelope **no later than March 22, 2010** to:

Scholarship Advisory Committee
State Representative Sandy Cole
137 Center Street, Unit# 2A
Grayslake, IL 60030

**PLEASE SIGN YOUR NAME ACROSS THE BACK OF THE SEALED ENVELOPE TO ENSURE
AUTHENTICITY OF THE RECOMMENDATION.**

GENERAL ASSEMBLY SCHOLARSHIP DISTRICT 62

RECOMMENDATION FORM

Please type or print clearly

- Your letter of recommendation should support the student's character, academics (if applicable) and details of participation in public, civic or community affairs.
 - **PLEASE USE THE STUDENT'S FIRST NAME ONLY** in the content of your letter or on this form.
 - A letter covering the items listed on this form is acceptable in lieu of this form.
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1. How long have you known the student and in what capacity?

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 that you believe should be made known to the Scholarship Advisory Committee.