

ALTRUSA INTERNATIONAL OF LAKE COUNTY, ILLINOIS, INC.

SCHOLARSHIP INFORMATION

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THE ATTACHED SCHOLARSHIP FORM.

1. ELIGIBILITY A scholarship will be granted to a female high school senior student planning to pursue a 2 or 4-year degree at any accredited college or university.
2. RESIDENCY The student must be a resident of Lake County and be attending a Lake County high school.
3. AMOUNT OF AWARD A minimum of \$750.00 for the school year following high school graduation.
4. QUALIFICATIONS The selection will be based upon scholastic achievement, school and community activities, leadership and personal qualifications that represent the ideals of Altrusa.
5. HOW TO APPLY Scholarship forms will be distributed through Lake County high school guidance counselors' offices.

Please submit your completed application form and letters of recommendation to your school counselor by March 3.



*** The application packet must be signed by your school Counselor and postmarked by **March 15, 2011.**

INCOMPLETE, LATE OR POSTAGE DUE APPLICATIONS WILL BE DISQUALIFIED.

IN ORDER TO BE CONSIDERED, IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE THE APPLICATION PACKET IS FULLY COMPLETED AND ON TIME.

6. SELECTION The Scholarship Committee of Altrusa International of Lake County, Illinois, Inc., will interview the selected Finalists.
7. AWARD The scholarship winner will be announced in May and the award will be presented at the winner's high school awards ceremony.

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SCHOLARSHIP APPLICATION

NAME: _____

HIGH SCHOOL: _____

APPLICATION CHECK LIST

- _____ Application is complete
- _____ Official Transcript is attached
(Must include ACT/SAT scores, grade point average and class rank)
- _____ One letter of recommendation from guidance counselor or faculty member is attached. (Letter must include comments regarding maturity and motivation of the candidate)
- _____ Maximum of two other letters of recommendation from advisors or leaders of community service projects are attached

IN ORDER TO BE CONSIDERED, IT IS THE APPLICANTS RESPONSIBILITY TO ENSURE THE APPLICATION PACKET IS FULLY COMPLETED AND ON TIME

APPLICANT SIGNATURE: _____

Date this packet was submitted to your counselor: _____

COUNSELOR/ADVISOR SIGNATURE: _____

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 15, 2011

RETURN TO: Caroline Jacobson/Altrusa International
c/o LAKE VILLA DISTRICT LIBRARY
1001 East Grand Avenue
Lake Villa, Illinois 60046

If you have any questions, please contact
Caroline Jacobson @ 847-650-4218

Altrusa International of Lake County, Illinois, Inc.

Scholarship Application

Full Name _____ (Known as) _____

Full Street Address _____

City, State and Zip _____

Home Telephone _____ Date of Birth _____

Name of High School _____ City _____

Mother _____ Names of Parent(s) or Guardian(s) _____ Father _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Please list names and ages of other children in your household:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List colleges / universities to which you have applied. Which is your first choice? Have you been accepted?

School	Choice	Accepted
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. What annual expenses do you expect to incur at the school you plan to attend?

Tuition	\$ _____	Books	\$ _____
Room and Board	\$ _____	Travel	\$ _____
Miscellaneous	\$ _____	Total Cost	\$ _____

8. What sources do you expect to aid you in financing your education?

Summer Earnings	\$ _____	Personal Savings	\$ _____
Family Contributions	\$ _____	Other	\$ _____

9. Specify any types of financial aid for which you are applying:
(INCLUDING GRANTS OR SCHOLARSHIPS APPLIED FOR OR RECEIVED)

10. On an additional sheet, in essay form and in less than 100 words, answer the following questions:

A. What will your major field of study be? Please explain why _____ you chose that particular field and what your goals are.

B. Why do you feel that you are qualified to represent the ideals of ___ Altrusa?

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT / DATE