

***CITY OF WAUKEGAN CHAMBER OF COMMERCE COLLEGE SCHOLARSHIP PROGRAM***

Scholarship Application For High School Graduates During 2018-2019

The City of Waukegan Chamber of Commerce is pleased to offer up to two $1,000 scholarships to high school graduates and residents of Waukegan.  It is for a period of one year and is not renewable.  Financial need is NOT a factor in determining the recipient.  Applications will be judged by service to the community, interviews, and response to essay.  The following criteria must be satisfied and submitted with this application:

* be a high school graduate within the current school year (2018-2019)
* reside within the city limits of the City of Waukegan
* provide an outstanding record of service to others
* two recommendations: one from the student’s high school counselor; one from a teacher
* present a 3.0 cumulative grade point average
* official copy of the high school transcript
* response to essay question in 500 words or less

**I.                    STUDENT INFORMATION** (Please print all information)

STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ILLINOIS 60085 OR 60087

HOME PHONE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# II.                SCHOOL INFORMATION

HIGH SCHOOL CURRENTLY ATTENDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF HIGH SCHOOL GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                         MONTH                               YEAR

NAME OF COLLEGE YOU PLAN ON ATTENDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE START DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# III.   SCHOOL/SERVICE ACTIVITIES AND WORK EXPERIENCE

PLEASE PROVIDE A COMPLETE LIST OFEXTRACURRICULAR/SERVICE ACTIVITIES BOTH IN AND OUTSIDE OF SCHOOL AND PROVIDE A BRIEF DESCRIPTION OF THE ACTIVITY (USE SEPARATE SHEET OF PAPER IF NECESSARY:

ACTIVITY                          DESCRIPTION                                             LEADERSHIP ROLE

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

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PLEASE LIST YOUR WORK EXPERIENCE (S) AND DATE (S) OF EMPLOYMENT (USE SEPARATE SHEET OF PAPER IF NECESSARY):

# IV.              RECOMMENDATIONS

RECOMMENDATIONS SHOULD BE SUBMITTED ON LETTERHEAD STATIONERY TO THE ADDRESS SHOWN AT THE BOTTOM OF THIS PAGE.  NAME (S) OF THOSE WHO ARE WRITING A RECOMMENDATION FOR YOU:

COUNSELOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTIVITY SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V.                   ESSAY QUESTION** (Please respond in 500 words or less using a separate sheet of paper)

As a future leader and resident of the Waukegan Community, how have local social issues impacted you and your family?  In the future, how would you work to address and improve these issues? What visions do you have to better serve the Waukegan Community?

Please add as an attachement

**VI.                 CERTIFICATION** To the best of my knowledge, the information provided on this form is correct.

SIGNATURE OF STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this completed application and support materials to:

**COLLEGE SCHOLARSHIP PROGRAM**

City of Waukegan Chamber of Commerce

100 North Martin Luther King, Jr Ave Suite#104

Waukegan, Illinois 60085

**POSTMARK DEADLINE: April 19, 2019**