

**ALSIP CHAMBER OF COMMERCE
ALSIP INDUSTRIAL ASSOCIATION
EDUCATIONAL SCHOLARSHIP**

Mail or deliver to:
Alsip Chamber of Commerce
12159 South Pulaski Road
Alsip, Illinois 60803
(708) 597-2668

2019

SCHOLARSHIP APPLICATION

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED
WITH YOUR COMPLETED SCHOLARSHIP APPLICATION
FORM.**

1. COPIES OF ALL TAX RETURNS (FIRST PAGE) FOR STUDENTS AND PARENTS.
2. CERTIFIED TRANSCRIPT OF GRADES-HIGH SCHOOL AND/OR COLLEGE.
3. PROOF OF EMPLOYMENT BY AN AIA or ACC MEMBER COMPANY (letter from the employer and a copy of employee's W-2), if applicable.
4. PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE-ISSUED PHOTO I.D.
5. LETTER OF RECOMMENDATION.

SCHOLARSHIP APPLICATIONS MUST BE RECEIVED AT

12159 S. Pulaski Road, Alsip

April 25, 2019 3:00 P.M.

No applications will be accepted after this deadline.

**IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THE
FOLLOWING QUESTIONS, YOU MAY COMPLETE THE INFORMATION
ON A BLANK SHEET AND ATTACH IT TO THE APPLICATION.**

NAME _____
Last First Middle

PHONE _____ City _____ State _____ Zip _____

EDUCATIONAL BACKGROUND

8. WILL YOU BE ATTENDING **FULL TIME FALL 2019 (12 CREDIT HRS OR MORE)**? _____

9. PLEASE CHECK:

_____ I HAVE APPLIED FOR ADMISSION _____ I HAVE BEEN ACCEPTED

_____ I HAVE ATTENDED FROM _____ TO _____

AND HAVE COMPLETED _____ SEMESTER HOURS.

10. DO YOU PLAN TO LIVE: _____ ON CAMPUS; _____ AT HOME; OR
_____ IN OFF-CAMPUS HOUSING? WHAT IS THE REASON FOR YOUR DECISION?

11. PLEASE EXPLAIN BRIEFLY THE PERSONAL ACHIEVEMENTS, ACCOMPLISHMENTS,
AND EXAMPLES OF A STRONG WORK ETHIC THAT YOU FEEL QUALIFY YOU FOR THIS
SCHOLARSHIP.

12. PLEASE EXPLAIN ANY CIRCUMSTANCES CONCERNING YOUR FINANCIAL NEED
FOR THIS SCHOLARSHIP THAT YOU WOULD LIKE THE JUDGES TO CONSIDER.

13. WHAT ARE YOUR CAREER PLANS? _____

14. PLEASE EXPLAIN IN DETAIL ALL GRANTS, OTHER SCHOLARSHIPS, OR FINANCIAL
ASSISTANCE YOU HAVE ALREADY BEEN AWARDED, INCLUDING THE MONETARY
AMOUNT OF EACH, OUTSIDE OF ANY FINANCIAL SUPPORT YOUR FAMILY WILL BE
PROVIDING.

15. PLEASE EXPLAIN ALL FINANCIAL AID YOU HAVE APPLIED FOR OR HOPE TO RECEIVE BUT HAVE NOT YET BEEN OFFICIALLY AWARDED. INCLUDE THE APPROXIMATE AMOUNT(S) IF KNOWN.

16. PLEASE EXPLAIN YOUR OWN RECENT AND PLANNED FUTURE EFFORTS TO EARN MONEY TO HELP PAY PART OF YOUR OWN HIGHER EDUCATION COSTS.

APPLICANT'S PERSONAL AND FAMILY BACKGROUND

1. DATE OF BIRTH _____
2. I AM A RESIDENT OF _____ (CITY) _____ (STATE)
3. MARITAL STATUS _____ **(IF SINGLE, SKIP QUESTIONS 5 THROUGH 8)**
4. I HAVE _____ CHILDREN: AGES ____/____/____/____/____/
5. SPOUSE'S NAME _____

6. SPOUSE'S ADDRESS (IF OTHER THAN YOURS)

NUMBER	STREET	CITY	STATE	ZIP
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7. SPOUSE'S EMPLOYER _____
8. SPOUSE'S MONTHLY GROSS INCOME _____
9. LIST ALL EMPLOYMENT YOU HAVE HELD

Dates Employed	Nature of Work	Employer
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10. ARE YOU PRESENTLY EMPLOYED? ____ HOW MANY HOURS PER WEEK? ____
WHAT IS YOUR MONTHLY GROSS INCOME? _____
YEARS EMPLOYED BY THIS EMPLOYER? _____

11. FATHER OR GUARDIAN _____

ADDRESS _____
NUMBER STREET CITY STATE ZIP

12. MOTHER OR GUARDIAN _____

ADDRESS _____
NUMBER STREET CITY STATE ZIP

13. HOW MANY DEPENDENTS ARE THERE IN THE FAMILY BESIDES YOU? _____

14. ARE THERE SPECIAL FAMILY CIRCUMSTANCES, EXPENSES OR INDEBTEDNESS
THAT SHOULD BE CONSIDERED? _____. IF SO, PLEASE EXPLAIN:

15. PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE
SCHOLARSHIP COMMITTEE TO CONSIDER: _____

**I AFFIRM THE CORRECTNESS OF THE FOREGOING ANSWERS AND THE INFORMATION
PROVIDED ON THIS APPLICATION AND SUPPORTING DOCUMENTS. I UNDERSTAND
THAT ANY FALSE ANSWERS PROVIDED IN THIS APPLICATION MAY DISQUALIFY ME
FROM CONSIDERATION.**

Signature of Applicant

Date

STATEMENT OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18):

I HAVE READ THE FOREGOING APPLICATION IN FULL AND HEREBY STATE THAT TO MY
KNOWLEDGE IT IS ACCURATE AND COMPLETE.

Signature of Parent/Guardian

Date