

2021 Scholarship Application

- 1. Applicant must be a resident of Kendall County
- 2. Please type or print your answers.
- 3. Complete ALL of the blanks applicable to you in the form below.
- 4. Application must include the following information.
 - a. Verification of admission for next academic year to a school of higher education.
 - b. High school students should include a transcript of grades.
 - c. One letter of recommendation from a principal, counselor or department head.
 - d. Personal letter setting forth reasons why you are applying and your plans for the future.
 - e. Typed essay no more than a 500 words on the question at the end of this application.

Submit completed application with ALL documents by Monday, May 24, 2021 to:

Kendall County Association of Chiefs of Police Scholarship Committee P.O. Box 743 Yorkville, IL 60560

Or

Email to Sergeant Weiler of the Kendall County Sheriff's Office or Detective Sergeant Bond of the Oswego Police Department. Rweiler@co.kendall.il.us or Pbond@oswegoil.org

A.			
	LAST NAME	FIRST NAME	MI
B.	BIRTH DATE	AGE	GENDER
C.			
	HOME ADDRESS		TELEPHONE NUMBER
D.			
υ.	CITY, TOWN, VILLAGE	ZIP CODE	SOCIAL SECURITY #
E.	Present School Status (check one)	High School	Vocational
		Junior Colleg	geNot Enrolled
		(CD.)	(0 10 1)
	1. Grade Point Aver	rage (GPA):	(On a 4.0 scale)
	2 0.11 7.40	A CIT	1/ CAT
	2. College Test Scor	res: ACT	and/or SAT

			Dates				
				atesates			
			Dates				
1. Ranl	k in class	out of	Based on	semester			
Name of school to w	which scholars	ship would be appli	ied:				
Course to be pu	rsued:						
Parents (or Guardian	n):						
 Do your par 	ents still clair	n you as a depende	ent for tax purposes:				
	_Yes	No					
Father/Guardian		Occupation	Ann	nual Income			
Mother/Guardian		Occupation	Ann	nual Income			
2. Total number	2. Total number of dependents in household including yourself						
3. If you are no	3. If you are <u>not</u> claimed by your parents or guardian, then complete this section.						
Your Occupation			Aı	nnual Income			
Your Spouse's Occupat	tion		An	nual Income			
o you now hold, or	have you app	lied for other schol	larships? If yes, plea	se identify:			
Source		Period of Schola	arship	Amount			
Source		Period of Schola	urship	Amount			
	. 1 . 1	ion datas full ar no	art time):				
mployment (list any	y jobs, indicat	tion dates full of pa	ir time).				
mployment (list any	y jobs, indicat	non dates full of pa	it time).				

. Wha	at are your educational and professional goals and objectives?
List	any academic honors, awards and membership activities:
List	extra-curricular activities, community service activities, hobbies, outside interest:
Thre	ee Personal References:
	Name:
	Phone Number:
	Name:
	Name:
	Phone Number:
	Name:
	Phone Number:

IF YOU HAD THE AUTHORITY TO CHANGE YOUR COMMUNITY IN A POSITIVE WAY, WHAT SPECIFIC CHANGES WOULD YOU MAKE?

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ENCLOSED A COPY OF THE FOLLOWING DOCUMENTS: (I UNDERSTAND THAT IF ANY OF THESE DOCUMENTS ARE MISSING, MY APPLICATION WILL NOT BE PROCESSED.)

A.	Verification of Admission
B.	Copy of Transcripts
C.	Letter of Recommendation (only one)
D.	Personal Letter
E.	Essay
	Applicant's Signature (May use PDF Sign tool for electronic signature)

<u>Important notice:</u> The Kendall County Association of Chiefs of Police scholarship funds are intended to assist students with the cost of **tuition**, **books and fees**.

Application must be received by Monday, May 24, 2021. Please mail application and all required paperwork to:

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