

2020 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 an Illinois school.
 - 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 Friday, April 24, 2020 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
В.	BIRTH DATE	AGE	GENDER
C.	HOME ADDRESS	TELEPHONE NUMBER	
D.	CITY, TOWN, VILLAGE	ZIP CODE	SOCIAL SECURITY #
E.	Present School Status (check one)	High School	Vocational
		Junior College	Not Enrolled
	1. Grade Point Aver	age (GPA):	_(On a 4.0 scale)
	2. College Test Scor	res: ACT	and/or SAT

	Dates						
_							
			Dates				
	1. Rank in class _	out of	Based on	semester			
Name	of Illinois school to which	ch scholarship would b	e applied:				
C	ourse to be pursued:						
Parent	s (or Guardian):						
1.	Do your parents still cl	aim you as a depender	nt for tax purposes:				
	Yes	No	-				
Father/C	Guardian	Occupation	Ann	ual Income			
X 4 /	Guardian	Occupation					
		•		ual Income			
	2. Total number of dependents in household including yourself						
3.	3. If you are <u>not</u> claimed by your parents or guardian, then complete this section.						
Yo	our Occupation		An	nual Income			
Yo	our Spouse's Occupation		An	nual Income			
o you	now hold, or have you a	pplied for other schola	urships? If yes, pleas	se identify:			
So	urce	Period of Scholars	hip	Amount			
So	urce	Period of Scholars	hip	Amount			
Employ	yment (list any jobs, indi	cation dates full or par	t time)·				
mpio.	ymont (not any 1008, mai	cation dates full of par					
_							

. 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

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

Application must be received by Friday, April 24th, 2020. Please mail application and all required paperwork to:

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