

2017 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 28, 2017 to:

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

Or

Drop off paperwork at the Kendall County Sheriff's Office attention Commander Jennings

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	LAST NAME	FIRST NAME	MI
3.	BIRTH DATE	AGE	GENDER
Ξ.	HOME ADDRESS		TELEPHONE NUMBER
Э.	CITY, TOWN, VILLAGE	ZIP CODE	SOCIAL SECURITY #
Ξ.	Present School Status (check one)	High School	Vocational
		Junior Colleg	eNot Enrolled
	1. Grade Point Aver	rage (GPA):	(On a 4.0 scale)
	2. College Test Scor	res: ACT	and/or SAT

School Attendance: High School(s)					
	Γ	Dates			
	Γ	ntes			
1. Rank in clas	sout of	Based onsemeste			
Name of Illinois school to w	which scholarship would be app	plied:			
Course to be pursued: _					
Parents (or Guardian):					
1. Do your parents stil	l claim you as a dependent for	tax purposes:			
Yes	No				
Father/Guardian	Occupation	Annual Income			
Mother/Guardian	Occupation	Annual Income			
2. Total number of dep	pendents in household including	ng yourself			
3. If you are <u>not</u> claim	ed by your parents or guardian	n, then complete this section.			
Your Occupation		Annual Income			
Your Spouse's Occupation		Annual Income			
o you now hold, or have yo	ou applied for other scholarship	os? If yes, please identify:			
Source	Period of Scholarship	Amount			
Source	Period of Scholarship	Amount			
mployment (list any jobs, in	ndication dates full or part time	e):			

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

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 28, 2017**. Please mail application and all required paperwork to:

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