Veteran Memorial Scholarship Application

In Honor of:
Gene A. White
Arnold J. Bitterman
Bradley “Steve” Barrett

(This cover sheet and all of the pages of the application will be assigned a number and this
cover sheet will be removed before the application is sent to the Selection Committee)

COMMITTEE STATEMENT:
The review of all applications by The Committee will be based on academic achievement, ability,
extracurricular activities and without regard to the person. This scholarship can be awarded to
an eligible recipient who is or will be attending school as a full or part time student.

RETURN THE FOLLOWING COMPLETED APPLICATION BEFORE
MARCH 1, 2019 TO:

VETERANS ASSISTANCE COMMISSION OF KENDALL COUNTY
811 West John Street, Yorkville, IL 60560
Phone: (630) 553-8357 Fax: (630) 553-0003
Email: clockman@co.kendall.il.us Website: www.co.kendall.il.us/veteransassistance

APPLICANT INFORMATION

Applicant Name: ________________________________________________________________

Home Street Address: __________________________________________________________

City, State and Zip Code: _______________________________________________________

School Address: _______________________________________________________________

School Phone: (____) _____-_________ Cell Phone: (____) _____-_________
PRIVACY ACT STATEMENT

The applicant has signed this release of information for this privacy act statement. The purpose of this request is to obtain information about the academic performance of the applicant. It will be used by the VACKC Scholarship Committee to evaluate the applicant’s academic achievement for the award of the Gene A. White Memorial Scholarship.

This applicant has authorized the release of all transcript data by your facility. This data shall be returned in a timely manner to the VACKC Scholarship Committee at the address or fax number provided below. Failure to do so may result in delay, improper processing or disqualification of the applicant.

I give my permission for the following named high school(s) / college(s) to release my official transcript.

High School: ____________________________________________________________

High School: ____________________________________________________________

College: ______________________________________________________________

College: ______________________________________________________________

________________________________________  __________________________
Signature of Applicant                     Date
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Next three pages and supporting documents will be submitted to the Scholarship Committee for selection
STUDENT DATA

INSTRUCTIONS:

Applicants are requested to complete the remainder of the application. Use additional paper with typed responses to add more information while indicating what section you are adding on to.

Student’s most recent dates of attendance: From: _______________ To: _______________

Graduation Date: ____________ (Check One) High School ________ College ________

Cumulative Grade Point Average (high school/college where applicable): ______________

Current high school students: ACT Score ________________

Name and address of colleges to which applied: (Submit proof of acceptance in application)
1. ___________________________________________________________________________ Accepted? (Y/N)

2. ___________________________________________________________________________ Accepted? (Y/N)

3. ___________________________________________________________________________ Accepted? (Y/N)

4. ___________________________________________________________________________ Accepted? (Y/N)

What influenced you to choose these colleges? ___________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
WORK EXPERIENCE

1. Organization___________________________________ From: ________ To: ________
   Job description ________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Organization___________________________________ From: ________ To: ________
   Job description ________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Organization___________________________________ From: ________ To: ________
   Job description ________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

ADDITIONAL INFORMATION FROM APPLICANT

Be sure to clearly separate the following:

1. In a typed essay, explain in 2 pages or less on how you plan to utilize your education. Include professional goals and career plans. Please refrain from the use of names.

2. Provide any additional information that may be pertinent to your application.

3. List and define extracurricular school and community activities and awards.

4. Please include a copy of the veteran’s DD-214 and proof of relationship (birth certificate/s).
SCHOOL OFFICIAL REQUEST

INSTRUCTIONS:
High school/college officials are requested to complete this page along with a typed letter of recommendation. Attach a copy of the student’s official transcript including grades achieved and return to student to submit with application.

SCHOOL DATA

Name of School: _______________________________________________________________

School Address: __________________________________________________________________

Name of Academic Advisor: _____________________________________________________

Title: __________________________________________________________________________

How long have you known this applicant? ___________________________________________

EVALUATION OF PERSONAL TRAITS

Grade applicant in each category using the following values:

Poor (1)  Below Average (2)  Average (3)  Above Average (4)  Superior (5)

Cooperation _______  Courtesy _______
Dependability _______  Industriousness _______
Initiative _______  Leadership _______
Maturity _______  Self Control _______
Appearance _______  Resourcefulness _______

Using the same point scale above, what is the ability of the applicant to select a goal and achieve it? _______________

Please attach school official’s letter of recommendation, comments and additional observations about the applicant.