



Vivian Ward Pennymon



Scholarship Fund

Name _____
 (last) (first) (middle)

Address _____
 (number) (street) (city) (state) (zip)

Birth Date _____ Phone # _____ E-mail _____

Head of Household _____ Relation to applicant _____
 (last) (first)

GPA _____ Class Rank _____ ACT/Sat Score _____

Total Household Income:

Please mark in the space next to the appropriate range. Verification must be provided.

_____ less than \$15,000 _____ \$35,001 to \$45,000 _____ \$65,001 to \$75,000

_____ \$15,001 to \$25,000 _____ \$45,001 to \$55,000 _____ \$75,001 to \$85,000

_____ \$25,001 to \$35,000 _____ \$55,001 to \$65,000 _____ over \$85,000

Name and ages of brothers and sisters in your household

Name	Age	Name	Age

Number attending private or parochial schools at high school or post secondary level, or attending college or other secondary education programs. _____

Have you been accepted at a college/university or vocational training program? _____

If a vocational training program, what is the duration of the program? _____

Have you been awarded or received financial aid or scholarships? _____

Please list name(s) and amount(s) you have received. (Attach a separate sheet if necessary)

Name of scholarship	Amount

List any additional information about yourself or your family (work experience, biographical information, family hardships, etc.) that you feel would be helpful in addressing your financial needs and willingness to use financial aid in a productive manner. In other words, why do you feel you deserve a scholarship?

Recommendations:

Academic Reference

Last Name	First Name	Phone #

Title/Occupation	E-mail

Personal Reference

Last Name	First Name	Phone #

Title/Occupation	E-mail

Honors/ Awards and Leadership

(List and indicate the type of honors and awards you have received. Include any leadership roles you have participated in either in high school activities or community activities. Please indicate dates of involvement)
Please feel free to attach a separate sheet if necessary.

Honors /Awards or Activity	Leadership Position	Dates/Years

Essay

Please attach a handwritten essay no longer than one (1) page discussing your goals and how your personal achievements will benefit the community at large

Signature

Your signature is required below, without it, your application is not complete and cannot be processed.

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that would jeopardize consideration of this application. I understand that if I am chosen to receive this financial reward I must provide verification that I have been accepted and enrolled in a college/university or vocational training program.

Applicant's Signature

Date

Parent/Guardian Signature

(Required only if applicant is under 18 years of age)

Date

1. Must be a Minority. 2. Must have a 2.2 grade point average or higher. 3. Must be a graduating Joliet area High School Senior.

4. Must be accepted to a post secondary School/Training program 5. Must demonstrate financial need.

Mail completed application along with verification of income, high school transcripts, ACT/SAT scores, academic & personal references and essay to: Forest Park Alumni Scholarship Fund, 1701 Waters Edge Drive, Minooka Illinois 60447. Application must be postmarked by March 31, 2020