ARPA Traditional Scholarship

DEADLINE: 3:30 p.m. on April 30, 2025

Scholarships will be awarded to individuals that meet the scholarship application criteria and approval from the Scholarship Board. Recipients will be sought that are in shortage work areas, i.e., Medical and Mental Health, Respiratory, EMT, Paramedic, Truck Driver, and other shortage workforce areas.

To qualify for the ARPA Scholarship, you must be seeking a degree or certificate in a work shortage area.

Please submit the following items:

- Read ALL instructions carefully before starting this application
- Completed and signed application
- High School or College Transcripts (Official transcripts are not required, but information should be in a format that shows educational history
- Current FAFSA
- Acceptance Letter (for beginning or transferring students)
- Summary of expected annual costs of tuition, fees, room & board
- Verification of grants, waivers, scholarships, etc. from the college
- All required application materials should be secured together and returned at the same time in one envelope
- If the above requirements have not been met, this application will not be considered for the award

Student Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Phone #: _____

Extracurricular and/or community activities:

_____
_____
_____
_____

List current or previous internships, employment experiences or other relevant connections to your specific field:

_____
_____
_____
_____

If applicable, explain any financial concerns or special circumstances you may want the committee to consider:

_____
_____
_____
_____

Type of school: Junior college, Trade School, or University (Circle)

Name of School_____

Current year of School_____

Graduate school _____

Major Area of Study _____
Expected Date of Graduation _____

Expected Degree: (BS, BA, MA, PHD, etc.) _____

Why are you interested in pursuing the career you have chosen? Describe your future goals or plans after completing your degree/certificate.

_____
_____
_____

How will your completion of this program assist with filling shortage areas in our region?

_____
_____
_____
_____

Please provide information on how this is a shortage position and what positions are currently available to be filled?

_____
_____
_____

FINANCIAL INFORMATION

Student's Occupation:

_____

Student's Employer:

_____

Work Phone: _____

Income as listed on W-2: $_____

Self-Employment Income: $_____

Type of business for self-employment income:

_____

Income from other sources, i.e. child support, alimony, rental, etc.:

_____

Amount: $_____

Adjusted gross income as reported on student's Federal 1040 or 1040 EZ

(Signed copy must be attached)(Attach schedule C if self-employed)

$_____

Grant's, scholarships, or other financial aid received or pending

$_____ Source: _____
$_____ Source: _____
$_____ Source: _____

By signing below:

I certify the above information is true and correct to my knowledge and belief. I agree to notify the ROE of any changes in this information.

The ROE has the authority to revoke scholarship awards based on inaccurate information on the application.

I hereby apply for a scholarship from LaSalle County (LaSalle County ARPA Scholarship Committee). I authorize the scholarship committee to share my applicaitn information with all persons involved in the selection process and for any legitimate educational interests.

I hereby consent for LaSalle County (LaSalle County ARPA Scholarship Committee), its agents, or designees to contact and verify any information contained in the application by contact with any individual, government, educational institution, or other entity.

I agree to allow the school to send a copy of each quarter's (or semester's) transcripts to LaSalle County (LaSalle County ARPA Scholarship Committee). I fully understand that compliance in this matter is necessary for funds to be paid as students with grades below a "C" or "Pass" may not receive second semester or additional trimester funding.

Scholarships will be awarded directly to the college or university on behalf of the scholarship recipient.

My signature verifies the above information is true and correct.

_____ _____

Signature Date

Submit this information with all required documentation by 3:30 p.m. on April 30, 2025. Complete applications must be received by the deadline. Applications postmarked but not received by the deadline will not be considered.

Applications can be mailed or turned in at the following location:

LaSalle, Marshall, Putnam Regional Office of Education, ROE #35

Attention: Jessica Haywood, Scholarships

119 W. Madison Street, Room 102

Ottawa, IL 61350