# A. FRANKLIN PILCHARD FOUNDATION
## SCHOLARSHIP INFORMATION

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**REQUIREMENTS TO RECEIVE A SCHOLARSHIP**

1. Applicant must be a legal resident of Illinois.

2. Applicant must be a high school senior with a grade point average of "B" or above, who will graduate in the Spring of 2026.

3. There must be financial need as determined by the Foundation.

4. Applicant must attend a college or university located within Illinois.

5. Applicant must be graduating from a high school which is participating in the Scholarship program.

6. Application and all required documents must be received by the Foundation no later than November 15, 2025.

**AMOUNT OF SCHOLARSHIP**

The scholarship will pay for tuition, room and board, books and other fees **after all other financial aid and scholarships have been applied**, limited to $10,000 per school year.

**LENGTH OF SCHOLARSHIP**

The scholarship will be for a maximum term of four years (August 1, 2026 – July 31, 2030) or upon earning an undergraduate degree, whichever comes first.

**PAYMENT OF SCHOLARSHIP**

Payments will be made as bills are received.

**TERMINATION OF SCHOLARSHIP**

The scholarship will terminate at any time that the recipient does not maintain a "C" or better average.

**AWARDING OF SCHOLARSHIP**

Scholarships are awarded annually as determined by the trustees of the Foundation. The trustees have the discretion as to who will receive scholarships, which will be based solely on the applications received.

## INSTRUCTIONS TO SUBMIT APPLICATION AND REQUIRED DOCUMENTS

1. Application
    a. Carefully complete this fillable application (pages 1 – 5)
        i. Can be completed electronically
        ii. Can be printed and completed by hand
        iii. Do not edit form, simply complete it
    b. Application can be sent via e-mail or mail

2. Recommendation(s)
    a. Should be sent by author or school personnel
    b. Can be e-mailed or mailed

3. Official Transcript
    a. Can be e-mailed or mailed by school personnel
    b. Can be mailed in a sealed envelope by student
    c. Can be sent via e-mail using a service such as Parchment or Credentials Solutions

4. 2024 Federal Tax Returns
    a. Tax returns can be mailed to the P O Box
    b. Tax returns can be sent via e-mail **only if** all Social Security numbers are blacked out

**Mail (USPS) to:**

**A. FRANKLIN PILCHARD FOUNDATION**
**P O BOX 1087**
**LAKE VILLA, IL 60046**

**E-mail to:**
**admin@afpilchardfoundation.org**

# A. FRANKLIN PILCHARD FOUNDATION

**P O BOX 1087**
**LAKE VILLA, IL 60046**

## SCHOLARSHIP APPLICATION

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*Scholarships are based on scholastic ability and financial need. Applicant must have a high school grade point average of "B" or above, must be a legal resident of Illinois, and must attend a college or university located within the State of Illinois. The information requested must be submitted on this application.* ***Separate addendums and continuation sheets will not be accepted****.*

**I. PERSONAL**

1. Name _____

2. Address _____
   Street
   _____
   City State ZIP

3. Year-Round E-mail Address _____
4. Home Phone (_____) _____
5. Marital Status _____ Single _____ Married
6. Date of Birth _____
7. If your parents are divorced or separated,
   which parent do you live with? _____

**II. FAMILY**

1. Parent 1 Name _____
   Occupation _____
   Employer _____

2. Parent 2 Name _____
   Occupation _____
   Employer _____

3. Name and age of brothers and sisters who are claimed as dependents on parents' tax return:

_____

_____

_____

4. If any of your brothers and sisters are currently in college, indicate their name, the college they are attending, and the amount of financial aid they are receiving per year.

_____

_____

5. Are there any special circumstances that limit the amount that your parents can contribute toward your college costs?

_____

_____

_____

6. Will you be receiving any other scholarships? _____

   If yes, what is the amount of the award? $_____

## III. EDUCATIONAL

1. Name of present school _____

2. GPA _____ 3. Class Rank _____

4. I expect to graduate from high school _____
   Month / Year

5. Name of college(s) that you would attend if you received this scholarship:
   (list in order of preference)

   name: _____

   address: _____

   name: _____

   address: _____

Why did you choose the above college(s): _____

_____

_____

_____

6. In the space provided below, describe your personal strengths and qualifications and why you feel that these qualifications will be determining factors in your college career.

_____

_____

_____

_____

_____

7. List extracurricular activities which required more than five hours per week of your time during your Junior or Senior year.

_____

_____

_____

_____

_____

8. List any academic honors you have received in your Junior or Senior year.

_____

_____

_____

_____

_____

9. List any community activities you have participated in the last twelve months and the number of hours per week that you contribute:

_____

_____

_____

10. List any employment since January 1, 2024:

| From | To | Employer | Hours per week |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*(If applicant is not able to work due to special circumstances, please indicate reason above.)*

**IV. Describe any special circumstances that should be considered in evaluating your application:**

_____

_____

_____

_____

_____

_____

**V. For your application to be considered, the following items must be received in addition to this application:**

1. Letter of recommendation from school counselor and/or instructor.

2. Current transcript of grades.

3. Copy of applicant's 2024 Federal income tax return. If not required to file a tax return, indicate so and submit a copy of your W-2 form(s). If you worked in the year 2025, please provide a copy of your most recent pay stub.

4. A complete copy of parents' Federal income tax return for 2024, including all supporting schedules. If parents do not file a joint tax return, then you must submit both parents' tax returns.

If you are not able to comply with the above, please indicate the reason why below:

_____

_____

_____

To the best of my knowledge, all of the information provided on this application is correct:

SIGNATURE OF APPLICANT _____ _____
Date

SIGNATURE OF PARENTS _____ _____
Date

_____ _____
Date

THIS APPLICATION, ALONG WITH THE INFORMATION REQUESTED IN SECTION VI, MUST BE RECEIVED BY THE FOUNDATION NO LATER THAN **NOVEMBER 15, 2025**. APPLICATIONS WHICH ARE INCOMPLETE WHEN RECEIVED WILL NOT BE CONSIDERED.

**Mail (USPS): A. Franklin Pilchard Foundation**
**P O Box 1087**
**Lake Villa, IL 60046**

**E-mail:**
admin@afpilchardfoundation.org