

District #305 Education Foundation

Senior Scholarship Application

*The **District #305 Education Foundation Scholarship** is a merit-based/need-based award given to senior grade students graduating from the Community Unit School District #305 who demonstrate a desire to continue their education by attending college, junior college, or vocational technical and trade schools. The scholarship is one of three seven hundred and fifty dollar (\$750) awards given the recipients. All scholarships awarded will be at the discretion of the District #305 Education Board of Trustees which will serve as the Scholarship Committee. The award will be presented annually at the high school honors day program. Use of the funds from this award is restricted to tuition, books, and other school-related expenses.*

A. Personal Information:

Name _____ Phone _____

Address _____ City _____

Parent(s) or Guardian(s) _____

B. Academic Information:

GPA _____ Class Rank _____

Describe three of your favorite classes you have taken during your school years:

1. _____

2. _____

3. _____

Describe three accomplishments of which you are most proud:

1. _____

2. _____

3. _____

C. Educational and Career Goals:

Institution of Higher Education/Vocational School you are planning to attend:

Describe chosen degree, certification, technical or trade skill you hope to acquire:

C. Educational and Career Goals (cont):

Describe your career objectives: _____

Describe how this scholarship will help facilitate your continuing education plans by indicating a need for financial assistance, exceptional costs, or special circumstances:

Signature: _____ Date: _____
Applicant

D. Letter of Recommendation:

To this application attach a letter of recommendation from someone other than a current CUSD #305 faculty or staff member who is familiar with your past school activities and future continuing education plans. Please have the person writing this letter of recommendation identify their relationship to you.

E. Faculty Recommendation:

Applicant: Leave this application with a faculty member of your choice to complete.

Faculty member: Briefly describe below why you feel this student would be a good candidate for an Education Foundation Senior Scholarship Award. Do not attach a letter of recommendation. Check how you would rate this applicant's qualifications.

I consider this candidate: ____ Exceptional ____ Excellent ____ Good ____ Average

Signature: _____ Print Name _____
Faculty Member

Faculty members should return this application to the Superintendent's office by March 31, 2023.