

**ALSIP CHAMBER OF COMMERCE  
ALSIP INDUSTRIAL ASSOCIATION  
EDUCATIONAL SCHOLARSHIP**

Mail or deliver to:  
Alsip Chamber of Commerce  
12159 South Pulaski Road  
Alsip, Illinois 60803  
(708) 597-2668

**2018**

SCHOLARSHIP APPLICATION

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED  
WITH YOUR COMPLETED SCHOLARSHIP APPLICATION  
FORM.**

1. COPIES OF ALL TAX RETURNS (FIRST PAGE) FOR STUDENTS AND PARENTS.
2. CERTIFIED TRANSCRIPT OF GRADES-HIGH SCHOOL AND/OR COLLEGE.
3. PROOF OF EMPLOYMENT BY AN AIA or ACC MEMBER COMPANY (letter from the employer and a copy of employee's W-2), if applicable.
4. PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE-ISSUED PHOTO I.D.
5. LETTER OF RECOMMENDATION.

**SCHOLARSHIP APPLICATIONS MUST BE RECEIVED AT**

**12159 S. Pulaski Road, Alsip**

**April 26, 2018 3:00 P.M.**

**No applications will be accepted after this deadline.**

**IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THE  
FOLLOWING QUESTIONS, YOU MAY COMPLETE THE INFORMATION  
ON A BLANK SHEET AND ATTACH IT TO THE APPLICATION.**

NAME \_\_\_\_\_  
Last First Middle

PHONE \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EDUCATIONAL BACKGROUND

8. WILL YOU BE ATTENDING **FULL TIME FALL 2018 (12 CREDIT HRS OR MORE)**? \_\_\_\_\_

9. PLEASE CHECK:

\_\_\_\_\_ I HAVE APPLIED FOR ADMISSION \_\_\_\_\_ I HAVE BEEN ACCEPTED

\_\_\_\_\_ I HAVE ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_

AND HAVE COMPLETED \_\_\_\_\_ SEMESTER HOURS.

10. DO YOU PLAN TO LIVE: \_\_\_\_\_ ON CAMPUS; \_\_\_\_\_ AT HOME; OR  
\_\_\_\_\_ IN OFF-CAMPUS HOUSING? WHAT IS THE REASON FOR YOUR DECISION?

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11. PLEASE EXPLAIN BRIEFLY THE PERSONAL ACHIEVEMENTS, ACCOMPLISHMENTS,  
AND EXAMPLES OF A STRONG WORK ETHIC THAT YOU FEEL QUALIFY YOU FOR THIS  
SCHOLARSHIP.

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12. PLEASE EXPLAIN ANY CIRCUMSTANCES CONCERNING YOUR FINANCIAL NEED  
FOR THIS SCHOLARSHIP THAT YOU WOULD LIKE THE JUDGES TO CONSIDER.

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13. WHAT ARE YOUR CAREER PLANS? \_\_\_\_\_

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14. PLEASE EXPLAIN IN DETAIL ALL GRANTS, OTHER SCHOLARSHIPS, OR FINANCIAL  
ASSISTANCE YOU HAVE ALREADY BEEN AWARDED, INCLUDING THE MONETARY  
AMOUNT OF EACH, OUTSIDE OF ANY FINANCIAL SUPPORT YOUR FAMILY WILL BE  
PROVIDING.

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15. PLEASE EXPLAIN ALL FINANCIAL AID YOU HAVE APPLIED FOR OR HOPE TO RECEIVE BUT HAVE NOT YET BEEN OFFICIALLY AWARDED. INCLUDE THE APPROXIMATE AMOUNT(S) IF KNOWN.

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16. PLEASE EXPLAIN YOUR OWN RECENT AND PLANNED FUTURE EFFORTS TO EARN MONEY TO HELP PAY PART OF YOUR OWN HIGHER EDUCATION COSTS.

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**APPLICANT'S PERSONAL AND FAMILY BACKGROUND**

1. DATE OF BIRTH \_\_\_\_\_
2. I AM A RESIDENT OF \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE)
3. MARITAL STATUS \_\_\_\_\_ (IF SINGLE, SKIP QUESTIONS 5 THROUGH 8)
4. I HAVE \_\_\_\_\_ CHILDREN: AGES \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/
5. SPOUSE'S NAME \_\_\_\_\_

6. SPOUSE'S ADDRESS (IF OTHER THAN YOURS)

|        |        |      |       |     |
|--------|--------|------|-------|-----|
| NUMBER | STREET | CITY | STATE | ZIP |
|--------|--------|------|-------|-----|

7. SPOUSE'S EMPLOYER \_\_\_\_\_
8. SPOUSE'S MONTHLY GROSS INCOME \_\_\_\_\_
9. LIST ALL EMPLOYMENT YOU HAVE HELD

|                |                |          |
|----------------|----------------|----------|
| Dates Employed | Nature of Work | Employer |
|----------------|----------------|----------|

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10. ARE YOU PRESENTLY EMPLOYED? \_\_\_\_ HOW MANY HOURS PER WEEK? \_\_\_\_  
WHAT IS YOUR MONTHLY GROSS INCOME? \_\_\_\_\_  
YEARS EMPLOYED BY THIS EMPLOYER? \_\_\_\_\_

11. FATHER OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

12. MOTHER OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

13. HOW MANY DEPENDENTS ARE THERE IN THE FAMILY BESIDES YOU? \_\_\_\_\_

14. ARE THERE SPECIAL FAMILY CIRCUMSTANCES, EXPENSES OR INDEBTEDNESS THAT SHOULD BE CONSIDERED? \_\_\_\_\_. IF SO, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AFFIRM THE CORRECTNESS OF THE FOREGOING ANSWERS AND THE INFORMATION PROVIDED ON THIS APPLICATION AND SUPPORTING DOCUMENTS. I UNDERSTAND THAT ANY FALSE ANSWERS PROVIDED IN THIS APPLICATION MAY DISQUALIFY ME FROM CONSIDERATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATEMENT OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18):

I HAVE READ THE FOREGOING APPLICATION IN FULL AND HEREBY STATE THAT TO MY KNOWLEDGE IT IS ACCURATE AND COMPLETE.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date