College Scholarship Application 2023-2024 ILLINOIS SHERIFFS' ASSOCIATION

Deadline: March 15, 2023

Mail applications to the Sheriff's office in the county where you reside. A directory can be found at www.ilsheriff.org.

	Please type or print your answers. If application	n is illegi	ble, it wil	I be returned to	o you.			
1.	Last Name:	First Na	me [.]					
	Mailing Address	1 1100 110			:			
2.	Street:							
	City: County:		Sta	nte:	ZIP:			
3.	Daytime Telephone Number: ()							
4.	Date of Birth: Month Day	Ve	ar		1			
5.	Please make sure this is an email address you check frequently.							
	Email:							
	In the Fall of 2023, I will be attending college as a: (Check one)							
6.								
-	Freshman Sophomore Junior Senior	_ Mast	ter's Leve	Tech Sc	hool Student			
	Medical School Student Nursing School Student (year	·	_) Other:		1			
7.	I will be attending the following <u>ILLINOIS</u> school in the Fall of 2023:							
	Proof of current student enrollment from the above school, in writing, is required by September 15, 2023. IF you are awarded a scholarship!							
8.	Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA.							
	ACT Score:							
9.	Or A copy of your ACT or SAT score sheet if required for school admission							
	SAT Score:							
10.	and only of high control and had.			Year graduate	Q			
	List the many of any college and the state of the state o	Year	Year	Year	Degree			
11.	List the name of any college you have attended. (If you have not attended college yet, go on to question12)	Began	Ended	Graduated	Received			
	Α.			(If applicable)	(If applicable)			
	В.							
	C.				<u> </u>			
	What specialty/major do you plan to study in as you contir	ue vour e	ducation	?				
	, seeing as year plant to study in do you contin	your c		•	0			
12.								

13.	List	expenses you expect to in	Cur per semester er a	vanta v			
	A.	Tuition: Amo	unt: \$	uarter:	Description		
	B.		unt: \$				
	C.		unt: \$				
	D.	Other Expenses: Amo					
	E.	Other Expenses: Amo	unt: \$				
Com	ment		<u> </u>				
14.	List	other financial assistance	you will receive per ser	mester or quarter:	Description		
ļ	<u>A.</u>	Personal:	Amount: \$				
ļ	В.	Other Scholarship(s):	Amount: \$				
ļ	C.	Grants:	Amount: \$				
	<u>D.</u>	Student Loan(s):	Amount: \$				
l	E. Other Financial Resources: Amount: \$						
Con	Comments:						
15.	Do y	our parents still claim you	as a dependent for tax	cpurposes?`	Yes No		
Fath	er/Gu	ardian:	Employer/Occupation	on:	Annual Income:		
Addr	ess.						
,	.						
Moth	er/Gi	uardian:	Employer/Occupati	on.	Annual Income:		
Wiou		andian.		011.	, amada moonio.		
Addr	ess:						
				to allal in alreading a consequent	- alf.		
Tota	al nun	nber of dependents (#clair	ned on taxes) in nouse	enola including yours	seir:		
If vo	u are	not claimed by your pare	nts or guardian, then c	omplete this section	າ.		
				Annual Income:			
You	r Occ	supation:		Annual income.			
				A constant to a constant			
Your	Your Spouse's Occupation: Annual Income:						
se an	addi	tional sheet if you need mo	ore room to list financia	l information reques	sted in items 13 & 14.		
					u can attach your resume if it has this		
	VVr	iat are your educational a	nu professional goals a	ind objectives: (100	d dan attach your rootine in it has an		
	linic	ormation.)					
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16.	1						
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		List your academic honors, awards, and membership activities while in high school or college: (You can attach your resume if it has this information.)
	17.	
		List your community service activities, hobbies, outside interests, and extracurricular activities: (You can attach your resume if it has this information.)
	18.	
		,
	19.	If selected as a Scholarship winner may ISA publish your name and/or picture as a scholarship recipient? Yes No
		Required Essay Response (Please attach your essay)
١	What	are your thoughts about the elimination of cash bail in Illinois? Do you think this is
(a goo	nd policy decision? What are the effects? Please explain your rationale for position.
		REMEMBER to submit your essay of 500 words or less with your application.
		STATEMENT OF ACCURACY
3	iso cor	y affirm that all the above stated information provided by me is true and correct to the best of my knowledge. Insent that my picture may be taken and used for any purpose deemed necessary to promote the ISA ship program.
S	Signatu	re of scholarship applicant: Date:

ATTENTION

The deadline for this application to be received is <u>March 15, 2023</u>. Remember all applications are to be submitted to the Sheriff's Office in your County. Do <u>NOT</u> submit to the Illinois Sheriffs' Association. You can find a directory of Sheriff's Office addresses on our website at www.ilsheriff.org