

CHECKLIST for \_\_\_\_\_ of \_\_\_\_\_  
(student name) (address in Ogle County)

<b>SCHOON EDUCATIONAL RENEWAL SCHOLARSHIP APPLICATION</b>
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- \_\_\_\_\_ Correctly listed applicant's social security number
  
- \_\_\_\_\_ Included name and address (telephone number, if available) for college or university you will be attending
  
- \_\_\_\_\_ Included **signed** copies of your parent's/guardian's 2017 Income Tax forms ((Pages 1 & 2 of 1040 or 8879)
  
- \_\_\_\_\_ Included a **signed** copy of your 2017 Income Tax form (**IF YOU HAVE NO INCOME, obtain form 1040 EZ, put zeros on all lines, and SIGN the form**)
  
- \_\_\_\_\_ The Financial Information Sheet was **signed** and dated by you and your parent/guardian
  
- \_\_\_\_\_ An **official COLLEGE transcript** is attached
  
- \_\_\_\_\_ Application form **signed** and **dated** by both applicant and parent/guardian
  
- \_\_\_\_\_ **Two recommendations** from non-relatives secured and dated within the past 12 months attached
  
- \_\_\_\_\_ Completed scholarship packet including this checklist submitted no later **than 4:00 p.m. on April 13, 2018** to

Ogle County Regional Office of Education #47  
Schoon Educational Renewal Scholarship  
Attn: Betty Clementz  
1001 West 23<sup>rd</sup> Street  
Sterling, IL 61081

OR

faxed to Ogle County Regional Office of Education (Attn.: Betty Clementz) at 815/625-1625.

Any questions, please contact either:

- Betty Clementz at Ogle County Regional Office of Education #47 at 815/625-1495 or by e-mail at [bclementz@roe47.org](mailto:bclementz@roe47.org)
  
- Kirk Pearson at US Bank in Freeport at 815/235-8516 or by e-mail at [kirk.pearson@usbank.com](mailto:kirk.pearson@usbank.com)

**RENEWAL APPLICATION FORM  
FOR  
SCHOON EDUCATIONAL SCHOLARSHIP  
Application Deadline: April 13, 2018**

(Please print or type)

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ Sex   M   F Age \_\_\_\_\_  
Street City State Zip

Is this address in Ogle County, IL? Yes    No    E-mail \_\_\_\_\_ (home) or (school)

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

FULL NAME OF PARENTS OR GUARDIAN \_\_\_\_\_

ADDRESS OF PARENTS OR GUARDIAN \_\_\_\_\_  
(If different from above)

MARITAL STATUS OF PARENTS: Married    Divorced    Separated    Deceased:    Mother Father (circle)

Do you plan to attend college on a full time basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Answer the following as specifically as possible:

1. What are your career goals?

2. What experience have you had to date that might be relevant to your career goals?

3. What additional information about yourself do you wish to share that might be relevant to this application?

4. Total scholarships, grants, tuition waivers, etc. which are free to you: \$ \_\_\_\_\_

Please describe them and give dollar amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Number of natural parents that are alive \_\_\_\_\_

6. How many of your brothers or sisters (including half) will be attending college full time this fall, next year, including yourself? \_\_\_\_\_

Please list the full name of the brother or sister, the institution and address of the institution for each of your brothers and sisters who will be attending college full time next year. Do not include yourself in this listing.

Name	Institution	Address
_____		
_____		

Please use this space or attach another sheet to explain any special economic circumstances you feel are necessary in qualifying for our scholarship.

I verify that information given on this application and other forms is true and accurate to the best of my knowledge. If accepted for a scholarship, I agree to adhere to the rules and regulations now in existence or those that may be established in the future by the trust. I agree to permit information in this application and other records resulting from applying to be made available to the applicant's educational institution and for trust-approved research purposes. I authorize the release of any information, including academic, asked for in this application and related forms to the trustee.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YOU MUST HAVE:**

1. A completed Application on file.
2. An official transcript of grades from your COLLEGE.
3. A parent's confidential financial statement.
4. Two recommendations .

If any of the above items are **not** on file in the office indicated below, by the application deadline date of **April 13, 2018 at 4:00 p.m.**, this application will NOT be considered for the Schoon Educational Renewal Scholarship.

Schoon Educational Renewal Scholarship  
 Attn: Betty Clementz  
 1001 West 23<sup>rd</sup> Street  
 Sterling, IL 61081

The Schoon Educational Scholarship is based on equal opportunity and does not discriminate on the basis of race, color, religion national origin, sex, or handicap.



RECOMMENDATION FORM  
Schoon Educational Renewal Scholarship

This form should be returned **directly** to the applicant below by the means and date stated to meet the application deadline.

Name of Applicant \_\_\_\_\_

Please return to me at \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_  
(date needed to include in application)

The above-named applicant has asked you to give the screening committee of the Schoon Educational Scholarship Fund an appraisal of his/her ability. Please use the check list of the five qualities and also make any comments that you feel will be helpful in assessing his/her qualifications. This recommendation will become part of the applicant's file at the Regional Office of Education.

Rate this student by checking the appropriate number on the scale (five = high; one = low)

	5	4	3	2	1
1. Motivation					
2. Self-discipline					
3. Leadership					
4. Concern for others					
5. Integrity					

Comments:

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Evaluator's name (please print): \_\_\_\_\_

Signature of evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

School/Business: \_\_\_\_\_

Position held: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

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Comments:

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Evaluator's name (please print): \_\_\_\_\_

Signature of evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

School/Business: \_\_\_\_\_

Position held: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_