

SCHOON EDUCATIONAL RENEWAL SCHOLARSHIP APPLICATION

- _____ Correctly listed applicant's social security number (last four digits only)

- _____ Included name and address (telephone number, if available) for college or university you will be attending

- _____ Include **signed** copies of your parent's/guardian's 2019 Income Tax forms ((Pages 1 & 2 of 1040 or 8879)

- _____ Included a **signed** copy of your 2019 Income Tax form (**IF YOU HAVE NO INCOME, obtain form 1040, 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 **must be received no later than 4:00 p.m. on Friday April 10, 2020** (must be received, not postmarked by):

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

OR

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

OR

Via email in PDF file to Betty Clementz at bclementz@roe47.org

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

- Kirk Pearson at US Bank in Freeport at 815/235-8516 or by e-mail at kirk.pearson@usbank.com

**RENEWAL APPLICATION FORM
FOR
SCHOON EDUCATIONAL SCHOLARSHIP
Application Deadline: April 10, 2020**

(Please print or type)

DATE _____

NAME _____ SOC. SEC. NO.(last four only) _____
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 10, 2020 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 23rd Street
Sterling, IL 61081

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

2020
SCHOON EDUCATIONAL RENEWAL SCHOLARSHIP
FINANCIAL INFORMATION SHEET

Name of Applicant _____
First Middle Initial Last

A copy of the applicant's and both parents' 2019 U.S. Income Tax Forms **must be attached** (Pages 1 and 2 of 1040 or 8879) to this financial statement even if applicant does not have to file a tax form with the IRS. If applicant does not have to file, please print off a 1040EZ, put zeros in the AGI line, and sign. The copies that you attach must be signed. We do not need copies of the W-2 forms or of the various schedules, merely that part up to and including the signature line.

If your parents have special circumstances such as divorce or separation, please contact:

Kirk Pearson, AVP U.S. Bank Wealth Management
P: [815-235-8516](tel:815-235-8516) or
Kirk.pearson@usbank.com

1. If your parents file jointly, list their 2019 income from adjusted gross income line from tax form 1040, 1040A, or 1040EZ. Do not include stepparent's income.

2019

\$ _____

If your parents do not file jointly, take their income from the same tax line mentioned above. Do not include stepparent's income.

B. Mother \$ _____

C. Father \$ _____

D. Total Lines B and C \$ _____

2. Applicant's 2019 income from same tax line \$ _____

Also, **if a copy of a tax return is not attached**, please check here [] and explain why, because this failure means your application for aid will not be accepted.

I verify that the information given in this Financial Information Sheet and attachments is true and accurate to the best of my knowledge. I have attached copies of signed tax returns for applicant and both parents. Both the applicant and a parent of guardian must sign.

Applicant Date

Parent/Guardian Date

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:

Evaluator's name (please print): _____

Signature of evaluator: _____ Date: _____

School/Business: _____

Position held: _____

Telephone number: (_____) _____

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