

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

<b>SCHOON EDUCATIONAL SCHOLARSHIP FRESHMAN APPLICATION</b>
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- \_\_\_\_\_ Correctly listed applicant's social security number (last four digits only)
  
- \_\_\_\_\_ ACT Composite Score listed as a National Percentile or SAT Total Score
  
- \_\_\_\_\_ School Counselor **signed** and **dated** the application form
  
- \_\_\_\_\_ Include name and address (telephone number if available) for college or university you will be attending
  
- \_\_\_\_\_ Include **signed** copies of parent's/guardian's 2018 and 2019 Income Tax forms (Pages 1 & 2 of 1040 or 8879)
  
- \_\_\_\_\_ Include 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 high school transcript** is attached
  
- \_\_\_\_\_ **Three Recommendation Forms** from non-relatives secured and dated within the past 12 months are enclosed
  
- \_\_\_\_\_ Application form **signed** and **dated** by both applicant and parent/guardian
  
- \_\_\_\_\_ Completed scholarship packet with checklist **must be received by 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  
Attn: Betty Clementz  
1001 West 23rd Street  
Sterling, IL 61081

Completed copy may also be faxed to 815/625-1625 to the attention of Betty Clementz.

Via email in PDF file to Betty Clementz at [bclementz@roe47.org](mailto: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](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)

**APPLICATION FORM  
FOR  
STUDENTS ENTERING FRESHMAN YEAR IN COLLEGE  
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)

HIGH SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

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

Do you plan to attend a 2-year or a 4-year school as a freshman? 2 year    OR 4 year   

**TO BE COMPLETED BY SCHOOL COUNSELOR**

HIGH SCHOOL GRADUATION DATE \_\_\_\_\_ CLASS RANK \_\_\_\_\_ OUT OF \_\_\_\_\_

ACT NAT. COMPOSITE PERCENTILE RANK \_\_\_\_\_ DATE TAKEN \_\_\_\_\_  
(National Percentile)

SAT TOTAL SCORE \_\_\_\_\_ SAT Essay (optional) \_\_\_\_\_ DATE TAKEN \_\_\_\_\_  
(Reading & Writing and Math)

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

PLEASE DESCRIBE COLLEGE PLANS, INCLUDING NAME OF COLLEGE, COLLEGE ADDRESS AND PHONE NUMBER AND MAJOR:

Please answer the following questions as fully as possible:

1. List any honors and/or awards during high school years:

2. School Sponsored Activities:

	Name	Offices Held		
Clubs and Organizations				
Sports				
Other Activities				

3. Non-School Sponsored Activities:

	Name	Offices Held		
Clubs and Organizations				
Other				

4. List your hobbies and/or special talents:

5. Indicate full or part-time employment you have had to date:

Employer's Name	Type of Work	Length of Employment

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?

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 high school.
3. **A parent's confidential financial statement.**
4. A minimum of three recommendation forms submitted with application.

If any of the above items are not on file in the office indicated below by the application deadline date, this application will NOT be considered for the Schoon Educational Scholarship.

Schoon Educational Scholarship  
Ogle County Regional Office of Education  
1001 West 23rd St  
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.

2020

SCHOON EDUCATIONAL SCHOLARSHIP

FINANCIAL INFORMATION SHEET

Name of Applicant \_\_\_\_\_  
First Middle Initial Last

A copy of the applicant's and both parents' 2018 and 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 1040, 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](mailto:Kirk.pearson@usbank.com)

1. If your parents file jointly, list their 2018 and 2019 income from adjusted gross income line from tax form 1040, 1040A, or 1040EZ. Do not include stepparent's income.

	2018	2019
A.	\$ _____	\$ _____

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 \$ \_\_\_\_\_

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

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

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

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

5. 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. 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 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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