

College Scholarship Application 2016-2017

ILLINOIS SHERIFFS' ASSOCIATION

Please **type** or **print** your answers. If application is illegible it will be returned to you.

1.	Last Name: _____	First Name: _____			
2.	Mailing Address: Street: _____ City: _____ County: _____ State: _____ ZIP: _____				
3.	Daytime Telephone Number: () _____				
4.	Date of Birth: Month Day Year				
5.	Email: _____				
6.	In the Fall of 2016, I will be attending college as a: (Circle one) Freshman Sophomore Junior Senior Master's Level Technical School Student Medical School Student Nursing School Student (year _____) Other: _____				
7.	I will be attending the following ILLINOIS school in the Fall of 2016: _____ Proof of current student enrollment from the above school, in writing, is required by September 9, 2016 IF you are awarded a scholarship!				
8.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA.				
9.	ACT Score: _____ Or SAT Score: _____ <small>A copy of your ACT or SAT score sheet is required for incoming college Freshmen only.</small>				
10.	Name and city of high school attended:				Year graduated
11.	List the name of any college you have attended. (If you have not attended college yet, go on to question 12.)	Year Began	Year Ended	Year Graduated (if applicable)	Type of Degree Received (if applicable)
	A. _____				
	B. _____				
	C. _____				
12.	What specialty/major do you plan to major in as you continue your education?				

13.	List expenses you expect to incur per semester or quarter:		
	A.	Tuition:	Amount: \$
	B.	Books:	Amount: \$
	C.	Room & Board:	Amount: \$
	D.	Other Expenses:	Amount: \$ Describe below under comments
	E.	Other Expenses:	Amount: \$ "
Comments:			
14.	List other financial assistance you will receive per semester or quarter:		
	A.	Personal:	Amount: \$
	B.	Other Scholarship(s):	Amount: \$ Describe below under comments
	C.	Grants:	Amount: \$ "
	D.	Student Loan(s):	Amount: \$ "
	E.	Other Financial Resources:	Amount: \$ "
Comments:			
15.	Do your parents still claim you as a dependent for tax purposes? _____ Yes _____ No		
Father/Guardian:		Employer/Occupation:	Annual Income:
Address:			
Mother/Guardian:		Employer/Occupation:	Annual Income:
Address:			
Total number of dependents(#claimed on taxes) in household including yourself:			
If you are not claimed by your parents or guardian, then complete this section.			
Your Occupation:		Annual Income:	
Your Spouse's Occupation:		Annual Income:	

Use an additional sheet if you need more room to list financial information requested in Items 13 & 14.

16.	What are your educational and professional goals and objectives? (You can attach your resume if it has this information.)
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17.	List your academic honors, awards and membership activities while in high school or college: (You can attach your resume if it has this information.)
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18.	List your community service activities, hobbies, outside interests, and extracurricular activities: (You can attach your resume if it has this information.)
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19.	If selected as a Scholarship winner may ISA publish your name and/or picture as a scholarship recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ESSAY QUESTION: *(please attach your essay)*

- 1) When someone dies from a heroin overdose, it's because the narcotic suppresses their essential functions so deeply that their body forgets to breathe. Their respiratory drive shuts down, their blood pressure drops and their heart stops beating. (This Week, February 28, 2014)
In your opinion, is there a heroin epidemic in your community and what steps could be taken to combat the problem? What is the driving demand behind heroin use in teens and why do you think the heroin use is soaring in the United States?

REMEMBER to submit your essay of 350 words or less with your application.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the ISA scholarship program.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received is **March 15, 2016!!** **Remember all applications are to be submitted to the Sheriff's Office in your County, DO NOT SUBMIT TO THE ISA. You can find a directory of Sheriff's Office addresses on our website www.ilsheriff.org**

PLEASE READ THE INFORMATIONAL PACKET THAT FOLLOWS.