

VAC Veterans Memorial Scholarship Application Checklist

Purpose:

- J The purpose of the VAC Veterans Memorial Scholarship is to assist the children of veterans with the higher education program of their choice.
- J Multiple scholarships ranging from \$500 - \$2,000 will be awarded.

Eligibility:

- J Child/children or legally adopted child/children or grandchild/children or a child of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty personnel, honorably discharged veterans of the United States military, National Guard and military reservists.
- J Must be a high school senior or high school graduate to apply for the scholarship
- J The scholarship recipient may reapply for the scholarship annually. Students may make only one (1) request for funds annually.

Criteria for Selection:

- J Academic performance while in high school with an equivalent of a 2.5 or better grade point average on a 4.0 scale.
- J Acceptance as a full time student at an accredited college, university, technical or trade school in the United States.
- J A written person statement that describes your educational plans and career goals, as well as motivating factors and important experiences which have helped shape your personal philosophy and future goals.
- J All awards will be made without regard to sex, race, creed, color, religion, national origin or sexual orientation.

Award Conditions:

- J The McHenry County Veterans Assistance Commission Inc. Veterans Memorial Scholarship is for undergraduate study at an accredited institution of higher education within the United States, preferably within the State of Illinois. The recipient must be accepted or enrolled as a full-time student to receive his/her scholarship funds.
- J The scholarship funds may only be used to defray necessary costs of the student's education (i.e. tuition, room & board, books & supplies, fees and equipment required by the student's particular course of study or school).

Scholarship Award Payments:

- J Award payments will be made to the Financial Aid Office, or its equivalent, of the educational institution in the name of the educational institution. Payments are limited to tuition, fees, books and supplies.
- J Award payments will be made when recipient has notified the Scholarship Committee of the eligible educational institution that they plan to enroll and provide an invoice for the fall semester payment.
- J Awards are subject to state and federal income guidelines.

How to Apply:

-) Submit your application and additional materials packet to:
McHenry County Community Foundation
Attn: Margaret Miller
620 Dakota Street
Crystal Lake, IL 60012

-) Applications must be RECEIVED on or before **April 13, 2018 at 4 PM**. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.
 -) *Applications submitted will be made anonymous and reviewed by a committee set up by the Foundation.*
-) All additional materials listed on this sheet must be submitted at the same time.
-) **Please note:** All names of recipients of scholarships administered by the McHenry County Community Foundation are listed in the organization's annual report and may be included in other promotional materials.

Checklist: To be considered, your scholarship application packet must contain:

- VAC Veterans Memorial Scholarship Application, completed and signed.
- A completed Academic Verification Form.
- Typed essay question
- Two completed recommendation forms. Each must be in a **sealed** envelope with the recommender's signature on the seal.
- Certification of Release or Discharge from Active Duty (Form DD-214) or other government document showing time served on active military duty during eligibility period(s)

VAC Veterans Memorial Scholarship Application

Application Guidelines:

-) All additional materials must be submitted at the same time.
-) Please submit your application and additional materials packet to:
McHenry County Community Foundation,
Attn: Margaret Miller
620 Dakota Street
Crystal Lake, IL 60012

Applications must be RECEIVED on or before April 13, 2018. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

-) **Please note:** All names of recipients of scholarships administered by the Foundation are listed in the organization's annual report and may be included in other promotional materials.
-) You may contact the Foundation at 815-338-4483 (phone), www.mccfdn.org (website), or margaret@mccfdn.org (email) with questions.

Checklist: Complete the following items and include in your application packet:

- VAC Veterans Memorial Scholarship Application
- Academic Verification Form
- Typed essay question
- Two recommendation forms. – Each must be in a sealed envelope with the recommender's signature on the seal
- Certification of Release or Discharge from Active Duty (Form DD-214) or other government document showing time served on active military duty during eligibility period(s)

Contact Information:

Name: _____

Parent/Guardian: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: ____ (____) _____ Cell: _____

VAC Veterans Memorial Scholarship Application

College Enrollment Information:

Name of college/trade school you will likely attend: _____

Have you been accepted to college/trade school?: _____

Field of Study (If undecided please indicate undecided):

Address of the school's financial aid office: _____

The school is a:

2 Year 4 Year

Other/Explain: _____

Other Possible Colleges:

Please explain why you have selected this school.

VAC Veterans Memorial Scholarship Application

Personal Statement: (2 – 3 sentences)

Please list your future educational and career goals.

Activities and Special Honors:

List your extracurricular school activities, community activities and church activities here. Include sponsoring organization, dates of participation, hours engaged and positions held. Use local examples. (Attach a separate sheet if necessary)

List your special honors and awards here. Include item and date received. (Attach a separate sheet if necessary)

Describe activities that would provide examples of your leadership skill/activity. (Attach a separate sheet if necessary)

VAC Veterans Memorial Scholarship Application

Student 2017 Income Information:

1. Did you file a 2017 Federal Income Tax return? Yes _____ No _____

If you filed a 2017 Federal Income Tax Return attach a copy of 2015 Federal Income Tax Return (signed and dated) and all W-2 forms (wage and tax statements).

If you did not file and are not required to file a 2017 U. S. Income Tax Return, list below your employer(s) and any income received in 2016. If no income was earned or if the question does not apply, write in "0". DO NOT USE N/A AS AN ANSWER.

(Submit W-2 form or other earnings statements to validate totals listed below.)

2017 Amount

a. Student's earnings from work: _____ \$ _____

b. Spouse's earnings from work (if applicable): _____ \$ _____

2. Report the total amount of cash, savings, and investments you currently own:

Total amount of cash, savings, and investments: _____ \$ _____

VAC Veterans Memorial Scholarship Application

Parent 2017 Income Information:

- Did you file a 2017 Federal Income Tax return? Yes _____ No _____
If you filed a 2017 Federal Income Tax Return attach a copy of 2017 Federal Income Tax Return (signed and dated) and all W-2 forms (wage and tax statements).
- If you did not file and are not required to file a 2017 U. S. Income Tax Return, list below your employer(s) and any income received in 2015. If no income was earned or if the question does not apply, write in "0". DO NOT USE N/A AS AN ANSWER.
(Submit W-2 form or other earnings statements to validate totals listed below.)

	2017 Amount
Parents' adjusted gross income	__\$ _____
Number of exemptions	_____
US taxes paid	__\$ _____
Father's earnings from work	__\$ _____
Mother's earnings from work	__\$ _____
IRA, 401K or tax-deferred pension payments (box 12 in W-2)	__\$ _____
All other untaxed income	__\$ _____
Net value of real estate and investments (excluding home, market value minus debt)	__\$ _____
Net value of business (only if business employs more than 100 employees)	__\$ _____

- Report the total amount of cash, savings, and investments you currently own:

Total amount of cash, savings, and investments __\$ _____

I certify that the financial information that I have provided is true and correct.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VAC Veterans Memorial Scholarship Application

CERTIFICATION

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The McHenry County Veterans Assistance Commission Inc. to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Veterans Assistance Commission Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the veteran's verification document. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to The Veterans Assistance Commission Inc. for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the McHenry County Veterans Assistance Commission Inc. Veterans Memorial Scholarship.

Date _____

Student Signature

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The Veterans Assistance Commission Inc. to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the Veterans Assistance Commission Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the veteran's verification document. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to The Veterans Assistance Commission Inc. for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the McHenry County Veterans Assistance Commission Inc. Veterans Memorial Scholarship.

Date _____

Parent/Guardian Signature

Attach to this application a PHOTOCOPY of the veteran's Certification of Release or Discharge from Active Duty (Form DD-214) or other government document showing time served on active military duty during eligibility period(s) indicated below. SUBMIT COMPLETED APPLICATION TO THE MCHENRY COUNTY COMMUNITY FOUNDATION AS DIRECTED.

World War II	Panama	Cold War Service
Korean War	Persian Gulf War	Peace Time Service
Vietnam War	Enduring Freedom	
Lebanon/Grenada	Iraqi Freedom	

OTHER: List Duty Station or Conflict and dates: _____

Mail or drop off to:
McHenry County Community Foundation
620 Dakota Street
Crystal Lake, IL 60012

HIGH SCHOOL ACADEMIC VERIFICATION FORM

Student's Name: _____

(Please print your name legibly)

Instructions:

- J This form must be included in each applicant's packet as indicated on the Scholarship Checklist.
- J Students should complete this form and ask their school counselor or other appropriate administrator to verify the information, sign the form, and stamp with school seal.
- J The student's high school transcript is not required at this time but may be requested at a later date.
- J Contact Margaret Miller, Program Manager, at (815) 338-4483 with any questions.

Graduation Year (Or anticipated graduation year): _____

Class rank: _____ Out of: _____

Cumulative GPA at the end of seven semesters is _____ based upon a _____ scale

Cumulative GPA is: Weighted Non-Weighted

Highest Composite ACT Score _____ and/or highest Composite SAT Score _____

List senior year courses – specify advanced placement (AP), honors (H), etc.

Signature _____ Date _____ School Seal _____

President, Registrar or Counselor

COLLEGE ACADEMIC VERIFICATION FORM

Student's Name: _____
(Please print your name legibly)

Instructions:

-) This form must be included in each applicant's hard copy packet as indicated on the Scholarship Checklist.
-) Students should complete this form and ask their school counselor or other appropriate administrator to verify the information and sign the form.
-) The student's transcript is not required at this time but may be requested at a later date.
-) Contact Margaret Miller at (815) 338-4483 with any questions.

Cumulative GPA is _____ based upon a _____ scale

Cumulative GPA is: Weighted Non-Weighted

Signature _____ Date _____ School Seal _____
President, Registrar or Counselor

Veterans Memorial Scholarship Fund
Recommendation Form for Scholarships

Dear scholarship applicant recommender,

The student listed below has selected you to give the committee a recommendation for his/her application to the VAC Veterans Memorial Scholarship Fund. The committee would like to know, in your opinion, why we should award scholarship funds to support this student in their education.

The purpose of the VAC Veterans Memorial Scholarship is to assist the children of veterans with the higher education program of their choice.

When you have completed this form, put it in an envelope, seal the envelope, sign on the seal of the envelope and return the sealed envelope to the applicant. The applicant must submit all recommendations in one packet. If you have any questions about this form or procedure, please contact Margaret Miller at (815) 338-4483 or margaret@mccfdn.org.

Thank you for your time and participation in the process.

Regards,

Veterans Memorial Scholarship Review Committee

Applicant's Complete Name

This is a 2-page form. This first page is the cover sheet. The second page is the actual rating form. Please DO NOT use the applicant's name on the actual rating form (Page 2).

Recommendation Form for Scholarships

Please DO NOT write applicant's name on this sheet.

	< 1 year	1-3 years	3-5 years	5-10 years	10+ years
How long have you known the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
	Teacher	Employer	Faith	Community	Friend
What is your relationship to the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why should the applicant receive this scholarship?

Please describe your understanding of this applicant's ability to meet his/her educational goals:

Please rank your willingness to recommend the applicant for this scholarship:

- Highly Recommend
- Recommend
- Recommend with reservations
- Other: _____

Please explain:

Name of Recommender Title/Position

Institution/Business Name Phone number

Signature Email Address Date