



## **TC Industries Scholarship Application Checklist**

**Student's Name:** \_\_\_\_\_

***(Please print your name legibly)***

### **Purpose:**

- The purpose of the TC Industries, Inc. Scholarship is to assist dependent children of current employees of TC Industries, Inc. Up to two four-year scholarships of \$1,000 per school year will be awarded.

### **Eligibility:**

- In order to be eligible, each applicant must be a dependent child of an active TC Industries, Inc. employee.
- Eligible staff members must have 1 year of service with the company by the application due date and must be a full-time employee.
- Applicants must be under the age of 25 years old.
- Each applicant must be a graduating high school senior or current student enrolled in a university, technical school or trade school in the U.S.
- Scholarships are restricted to undergraduate study.
- Shareholders and Unit IV employees and their dependents are ineligible for scholarship consideration.

### **Criteria for Selection:**

- Strong academic performance while in high school, college, university, technical or trade school with an equivalent of a 3.0 or better grade point average on a 4.0 scale.
- Participation and leadership in school activities, extracurricular involvement and volunteer work.
- Acceptance as a full time student at an accredited college, university, technical or trade school in the United States.
- 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.
- Financial need is not a consideration.
- All awards will be made without regard to sex, race, creed, color, religion, national origin or sexual orientation.

### **Award Conditions:**

- If the recipient withdraws from the educational institution, the award will be cancelled and the unspent portion will be returned to the Scholarship FUND.
- If the eligible staff member of the recipient ceases employment with TC Industries, Inc. at any time during the duration of the award, the award will be cancelled and the unspent portion will be returned to the Scholarship FUND.
- If a recipient chooses to enroll at a different educational institution than originally indicated, he/she may use the scholarship at any other accredited college, university, technical or trade school in the United States.
- Each recipient will be required to submit an official transcript at the end of their year of award to ensure that a 3.0 or better grade point average is maintained.

- Applicants not selected as a winner may apply again.

**Scholarship Award Payments:**

- 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.
- Award payments will be made when:
  - Recipient has notified the Scholarship Committee of the eligible educational institution that they plan to enroll.
  - The educational institution has verified enrollment.
  - The educational institution has verified that it will not reduce previously awarded grant/scholarship aid as a result of this award, unless required by federal or state law.
- Awards are subject to state and federal income guidelines.

**Guidelines:**

- All additional materials listed on this sheet must be submitted at the same time accompanied by this checklist.
- Please submit your application and additional materials packet to:  
 Community Foundation for McHenry County  
 Attn: Margaret Miller  
 630 N. Route 31, Suite 101  
 Crystal Lake, IL 60012
- Applications must be RECEIVED on or before **April 15, 2019**. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.
  - *Applications submitted will be made anonymous and reviewed by a committee set up by the Foundation, independent of TC Industries, Inc.*
- **Please note:** All recipients of scholarship awards administered by the Community Foundation for McHenry County 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:

- TC Industries Scholarship Application, completed and signed.
- This checklist completed and signed.
- A completed Academic Verification Form.
- Two completed recommendation forms. Each must be in a **sealed** envelope with the recommender's signature on the seal.

**Certification:** I certify that my application and all additional submitted materials are true to the best of my knowledge:

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## TC Industries Scholarship Application

### Application Guidelines:

- Both the application and the additional materials (*follow the Application Check list*) packet must be received on or before the scholarship deadline, **April 15, 2019**. **Incomplete or late applications will not be considered.**

Mail to:  
Community Foundation for McHenry County  
630 N. Route 31, Suite 101  
Crystal Lake, IL 60012

- Contact Margaret Miller, Program Manager, Community Foundation for McHenry County, at (815) 338-4483 or by email at [margaret@MCCFdn.org](mailto:margaret@MCCFdn.org) with any questions.

### **Contact Information:**

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**TC Industries Scholarship Application**

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**College Enrollment Information:**

Name of college/trade school you will likely attend: \_\_\_\_\_

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Have you been accepted to college/trade school?: \_\_\_\_\_

Field of Study (If undecided, please indicate undecided):

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The school is a:

2 Year Institution                       4 Year Institution

Other/Explain: \_\_\_\_\_

Other Colleges Applied to:

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Please explain why you have selected this/these school(s).

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## TC Industries Scholarship Application

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**Personal Statement:** (2 – 3 sentences)

Please list your future educational and career goals.

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**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. If you did not participate in any activities, please enter "None".

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List your special honors and awards here. Include item and date received. If you did not receive any special honors, please enter "None".

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**ESSAY:** (400 – 600 words, typed and attached to application)

Your response to this section is your opportunity to address the scholarship committee and show how you meet the scholarship criteria. Include information that you believe the committee should know as it considers your application. You may also include academic or personal achievements, leadership skills, community and school participation and financial obligations. Please do NOT use your name in your response.

**TC Industries Scholarship Application**

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**Work Experience:**

Most Recent Employer: (If you haven't been employed write N/A)

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Duties:

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Dates: \_\_\_\_\_

Hours/Week: \_\_\_\_\_

Next Most Recent Employer:

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Duties:

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Dates: \_\_\_\_\_

Hours/Week: \_\_\_\_\_

# TC Industries Scholarship Application

**Financial Need:**

Parent combined household income: \_\_\_\_\_

Parent 1 occupation: \_\_\_\_\_

Parent 2 occupation: \_\_\_\_\_

Number of siblings and their ages: \_\_\_\_\_

**Tentative College Costs**

Tuition (per year)	\$ _____
Room, Board	\$ _____
Books & Fees	\$ _____
Total	\$ _____

List other scholarships, grants, gift aid and savings that you have received and describe if it is for one year or multiyear:

Single/multiyear?	Amount	Describe where this is coming from (University award, grant, scholarship, savings, etc.)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

For Foundation Use Only: \_\_\_\_\_ Applicant No.: \_\_\_\_\_

**TC Industries Scholarship Application**

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How do you plan to pay for costs not covered by the above?

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Is there anything else you feel we should know about your financial needs?

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**Certification**

- I certify that the statements herein are true to the best of my knowledge.
  
- I certify that my personal essay and the information provided in this application represent my own work.

**Remember to complete the *Academic Verification Form, Typed Essay, and 2 Recommendation Forms* for this scholarship.**

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*Signature* *Date*

Mail to or Drop off at:  
Community Foundation for McHenry County  
630 N. Route 31, Suite 101  
Crystal Lake, IL 60012

For Foundation Use Only: _____ Applicant No.: _____
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## HIGH SCHOOL 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 high school transcript is not required at this time but may be requested at a later date.
- Contact Margaret Miller, Program Manager, at (815) 338-4483 or [margaret@mccfdn.org](mailto:margaret@mccfdn.org) with any questions.

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Cumulative GPA 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.

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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, Program Manager, at (815) 338-4483 or [margaret@mccfdn.org](mailto:margaret@mccfdn.org) with any questions.

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Cumulative GPA is \_\_\_\_\_ based upon a \_\_\_\_\_ scale

Cumulative GPA is:  Weighted       Non-Weighted

Signature \_\_\_\_\_ Date \_\_\_\_\_ School Seal \_\_\_\_\_  
President, Registrar or Counselor



**TC Industries 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 TC Industries 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 committee bases their scholarship selection criteria on strong academic performance and participation and leadership in school activities, extracurricular involvement and volunteer work.

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](mailto:margaret@mccfdn.org).

Thank you for your time and participation in the process.

Regards,

TC Industries Scholarship Review Committee

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**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"/>
What is your relationship to the applicant?	Teacher <input type="checkbox"/>	Employer <input type="checkbox"/>	Faith <input type="checkbox"/>	Community <input type="checkbox"/>	Friend <input type="checkbox"/>

Why should the applicant be the recipient of this scholarship?

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

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

- Highly Recommend
- Recommend
- Recommend with reservations
- Other: \_\_\_\_\_

Please explain:

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Name of Recommender Title/Position

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Institution/Business Name Phone number

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Signature Email Address Date



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What is your relationship to the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- Other: \_\_\_\_\_

Please explain:

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Name of Recommender Title/Position

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Institution/Business Name Phone number

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Signature Email Address Date