

Allen Family Scholarship

The *Allen Family Scholarship* was established in memory of Robert and Georgia Allen to assist Rolling Meadows High School graduating seniors to continue in a higher education program of their choice. This scholarship is to assist a student in achieving a two or four year degree. This scholarship will provide a \$500 scholarship annually to a graduating senior from Rolling Meadows High School.

DEADLINE: April 15, 2019

Application Qualifications:

1. Applicants should reside in Rolling Meadows, Illinois.
2. Applicants should be graduates of Rolling Meadows High School, Rolling Meadows, Illinois.
3. Applicants must hold a weighted GPA of 3.5 or higher (based on a 4.0 scale).
4. Applicants should demonstrate commitment to volunteer service within the community.
5. Applicants must exhibit financial need and submit SAR report.

Application History:

The Allen Family, Robert and Georgia Allen and their children Robert and Richard, were among the original residents of Rolling Meadows, moving to Rolling Meadows in 1955 and living there for 56 years. Robert served in WWII as a Bombardier on a B-24 in the Pacific and continued to serve as part of the Air Force reserve, retiring as a Lt. Colonel. His daytime job was that of an Electrical Engineer.

In addition to working in the insurance industry, Georgia volunteered her time to:

District 15 PTA

Northwest Community Hospital

Cub Scouts

Rolling Meadows House Museum

SeniorNet

Senior care Ombudsman for the state of Illinois

Robert and Georgia were always encouraging education beyond High School and the intent of this scholarship is to continue that encouragement.

Application Process:

1. Students applying for the scholarship must complete the application forms: *Scholarship Application Form, 2 Recommendation Forms, Academic Verification Form, and SAR (Student Aid Report).*
2. All materials must be (*postmarked or delivered*) to:
Community Foundation for McHenry County
630 N Route 31, Suite 101
Crystal Lake, IL 60012
3. Foundation Staff will distribute applications to the Scholarship Selection Committee. The identities of each applicant will be removed from the copies; an application number will be assigned to each application.
4. The Scholarship Selection Committee members will review the applications individually and then meet to discuss the applications and choose a recipient.
5. McHenry County Community Foundation staff will inform each applicant by mail the decision of the Scholarship Selection Committee (*acceptance or decline*). The recipient chosen will receive a *Letter of Acceptance* and a *Scholarship Acceptance Form*.
6. After that time, the Recipient must complete the *Scholarship Acceptance Form*, **which should arrive to the Foundation no later than the deadline stated in the letter.**
7. The student must remit a tuition bill or other evidence of enrollment to the college of choice to the Foundation.
8. The recipient will be announced at the *Graduation Ceremony* or the *High School Honors Evening Ceremony*, if applicable. A member of the Scholarship Selection Committee may attend the ceremony to present the award if desired.
9. Scholarship checks will only be made payable to the college or university. **No checks will be made out directly to the recipient.**
10. The Community Foundation for McHenry County staff will perform due diligence to confirm that scholarship recipient has completed coursework as granted.
11. If scholarship recipient is receiving financial aid, it is our intention that this award will not reduce grant aid in the aid package offered by the school.

Allen Family Scholarship Application

Application Guidelines:

- J All application materials must be submitted at the same time.
- J 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
- J **Applications must be RECEIVED on or before April 15, 2019. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**
- J **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. Also, recipients are encouraged to attend scholarship award ceremonies as requested.
- J You may contact the Foundation at 815-338-4483 or email Margaret at margaret@mccfdn.org with questions.

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

- Allen Family Scholarship Application
- Academic Verification Form
- Typed essay response
- Two recommendation forms – Each must be in a sealed envelope with the recommender's signature on the seal
- A copy of your SAR (Student Aid Report). Should be 5 – 10 pages.

Contact Information:

Name: _____

Parent/Guardian: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Allen Family Scholarship Application

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.

Activities:

List your volunteer activities and community service that you have done during high school. Include sponsoring organization, dates of participation, hours engaged and positions held. If you did not participate in any activities, please enter "None".

Please check the box if one or both of your parents has served or is serving in the military and list the branch on the line.

Allen Family 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.)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Allen Family Scholarship Application

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

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

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, 2 Recommendation Forms, and SAR report* for this scholarship.

Signature

Date

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

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 at (815) 338-4483 with any questions.

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.

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

Allen Family Scholarship
Recommendation Form

Dear scholarship applicant recommender,

The student listed below has selected you to give the committee a recommendation for his/her application to the Allen Family Scholarship. 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 Allen Family Scholarship is to assist Rolling Meadows high school graduating seniors to continue in a higher education program of their choice. This scholarship is open to all majors, for students enrolled in a four-year bachelor's program, a two-year associates program, or a technical school. Students will be selected based on financial need, volunteer service, and academic success.

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,

Allen Family 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

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