

Lorna D. Rowland Scholarship Fund

Application Process

The purpose of the *Lorna D. Rowland Scholarship* is to encourage women to study social sciences and/or social issues. This scholarship will provide \$1,000 to a graduating senior from Wauconda High School.

DEADLINE: March 31, 2019

Application Qualifications:

1. Applicants must be graduates of Wauconda High School.
2. Applicants must be female.
3. Applicants must have a weighted GPA of 3.2 or higher and demonstrated interest in Social Sciences.
4. Applicants will have taken at least 1.5 years of courses at Wauconda High School in the elective areas of: Current Events, Sociology, Psychology, World and/or U.S. History, Theater Arts, Speech and/or Debate, Journalism, and/or Foreign Language(s).

Application Process:

1. Students applying for the scholarship must complete the application forms provided in your packet: *Scholarship Application Form, 2 Recommendation Forms, and Academic Verification Form.*
2. All materials must be (*mailed or delivered*) to the **Community Foundation for McHenry County, 630 N. Route 31, Suite 101, Crystal Lake, IL 60012** no later than the deadline.
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. 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 their enrollment 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. Community Foundation staff will perform due diligence to confirm that the scholarship recipient has completed coursework as granted.
11. If the 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.

Lorna D. Rowland 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 March 31, 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:

- Lorna D. Rowland 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*

Contact Information:

Name: _____

Parent/Guardian: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Lorna D. Rowland Scholarship Application

College Enrollment Information:

Name of college you will likely attend: _____

Have you been accepted to college?: _____

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

The school is a:

2 Year Institution 4 Year Institution

Other/Explain: _____

Other Colleges Applied to:

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

Lorna D. Rowland Scholarship Application

Personal Statement: (2 – 3 sentences)

Please list your future educational and career goals.

Activities:

List your activities in the following areas. Include sponsoring organization, and dates of participation.

Extracurricular school activities:

Community activities:

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.

Lorna D. Rowland Scholarship Application

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.

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:

- J This form must be included in each applicant's hard copy 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 and sign the form.
- 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 or margaret@mccfdn.org 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 the non-STEM elective courses that you have or will be taking:

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

Lorna D. Rowland Scholarship Fund
Recommendation Form for Scholarships

Dear scholarship applicant recommender,

The student listed below has selected you to give the committee a recommendation for her application to the Lorna D. Rowland 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 Lorna D. Rowland Scholarship is to assist Wauconda 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 academic success, financial need, and community involvement.

After completing 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,

Lorna D. Rowland 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"/>				
<hr/>					
	Teacher	Employer	Faith	Community	Friend
What is your relationship to the applicant?	<input type="checkbox"/>				

Why should the applicant receive this scholarship?

Please describe your understanding of this applicant's ability to meet 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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Name of Recommender Title/Position

Institution/Business Name Phone number

Signature Email Address Date