

2017 Scholarship Application Form Submission Due: April 1, 2017

Applicant's Name:		
Address:		
City:	Zip Code: _	
Primary Phone:		
Secondary Phone:		
E-Mail Address:		
Applicant's High Schoo	ol:	
Address:		
City:	Zip Code:	
Central Phone:		
Applicant's GPA:	ACT/SAT Scores:	Rank:
Academic Reference (N	Name):	
Applicant's College/Ur	niversity:	
Address:		
City:	Zip Code:	
Central Phone:		
Education Level Next S	School Year:	

Mayflower Sponsor:	
Mayflower Ancestor:	

To be considered, the following documents must be submitted with this Memorial Scholarship Application Form:

- Academic statistics
 - Academic transcript
 - o GPA
 - ACT/SAT scores
- Academic reference provided by school official, teacher, academic advisor or counselor
- Essay concerning academic achievement, extracurricular activities, community service, financial need (if any), areas of interest and personal goals
- Brief letter from Mayflower sponsor in support of the applicant

An annual scholarship of \$2500 will be awarded by the Society of Mayflower Descendants in the State of Illinois based upon academic achievement, extracurricular activities, community service, and financial need.

Send your completed application and the above documents to Sueche76@gmail.com or mail completed application and the above documents to Susan Erlick, Chair, Scholarship Committee, 422 N. Willow Wood Drive, Palatine, Illinois 60074-3832; telephone number: (847) 202-8186.