

Award Amount  
\$2,500



ID#  
2024-

**TO THE APPLICANT:**

**MUST BE A RESIDENT OF LAKEMOOR**

Please complete this application so we can determine your eligibility for receiving funds set aside to help students of Lakemoor who plan to go on to postsecondary education, **including trade school**, up to a bachelor's degree and who satisfy other criteria developed by Lakemoor Scholarship Fund.

Complete your sections of this application at your earliest convenience, and then forward the application to the person you have selected to complete the appraisal. You are required to select a school or college counselor, teacher, or an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

You are responsible for seeing that all supporting documents are submitted. Lakemoor Scholarship Fund reserves the right to process only applications found to be complete as of the application deadline.

REMEMBER: This application becomes valid only when the following have been submitted by the Application Deadline of **April 15, 2024**.

- Application with signature
- Applicant Appraisal
- Current Transcript of Grades (see below)

***Return Application to:***

**Lakemoor Scholarship Fund, Inc.  
517 Northlake Road  
Lakemoor, Illinois 60051**

**APPLICANT DATA**

NAME (LAST) (FIRST) (MI)

Permanent Address (STREET) (CITY) (STATE)

EMAIL TELEPHONE NUMBER

Name of Parent or Guardian \_\_\_\_\_

Permanent mailing address of Parent  
Or guardian if different from applicant  
(STREET) (CITY) (STATE) (ZIP)

EMAIL TELEPHONE NUMBER

Initials \_\_\_\_\_

## SCHOOL DATA

High school attended \_\_\_\_\_ Graduation date: Month \_\_\_\_ Year \_\_\_\_

Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP) (TELEPHONE NUMBER)

Name of High School Principal  
\_\_\_\_\_

Name of postsecondary school for which the applicant's scholarship is requested:

4-year College/University  Community College  Other  (i.e. trade school)

\_\_\_\_\_

Address \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Circle year in postsecondary program during coming school year. Undergraduate 1 2 3 4 5

Student will:  Live on campus  Live off campus  Commute  
Enrolled:  Less than half-time  Half-time or more  Full-time

Anticipated date of graduation from postsecondary program: Month \_\_\_\_ Year \_\_\_\_

Major Field of study applicant plans to pursue: \_\_\_\_\_

## TRANSCRIPT INFORMATION

1. Students currently enrolled in college or vocational-technical school must include most recent college or vocational/technical transcript of grades. (Completion of the following section is not necessary.)
2. High School seniors and students who have completed less than one full term of post-secondary education must include a high school transcript of grades and have the following section complete by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ / 4.0 scale

PSAT: Critical Reading \_\_\_\_\_ Writing Skills \_\_\_\_\_ Math \_\_\_\_\_ SAT: Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

ACT: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Composite \_\_\_\_\_

\_\_\_\_\_  
School Official's Signature Title Date Telephone Number

\_\_\_\_\_  
School Name Address (street) (city) (state) (zip code)

## CERTIFICATION:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Print Name \_\_\_\_\_

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

Initials \_\_\_\_\_

# APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a worksupervisor.

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

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements.

When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Appraiser's Business Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

Initials \_\_\_\_\_

## PERSONAL DATA

Describe your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week.

Position	Date from (MM/YYYY)	Date to (MM/YYYY)	Hours/ week

List all school activities in which you have participated during the past 4 years (e.g., student council, music, sports). List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, church work, and volunteer work). Indicate all special awards and honors. Attach additional sheet if necessary.

Activity	Number of years participation	Special Awards, Honors Office Held	Activity	Number of years participation	Special Awards, Honors Office Held
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Make a statement of your plans as they relate to your educational and career objectives and future goals.

---



---



---



---

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities:

---



---



---

## OTHER AWARDS

Please list any grants or scholarships that you have been awarded for the coming school year:

Name of Award	Amount	Granted	Pending

Initials\_\_\_\_\_