Des Plaines Community Foundation 2017 Education Scholarship Application

- Please type/print clearly and initial any changes to this form.
- All fields must be completed. Failure to complete this form in its entirety will result in disqualification.
- For your protection, faxed copies are not accepted.

1.	Applicant	Information
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Full Na	ıme:	
Date o	f Birth:	
Addres	ss:	
Home	Phone:	
Cell Ph	one:	
Email:		
2.	Education	al Information
Name	of High Sch	ool:
High So	chool Addre	ess:
Year o	f Graduatio	n:
Name	of accredite	ed educational institution you will attend in Fall 2017:
Institu	tion Addres	S:
College	e ID# from F	÷asfa:
Anticip	ated or Est	ablished Major/Course of Study:
3.	Type of In	stitution (check one)
		An accredited two year degree program
		An accredited two year program leading to a four year undergraduate degree
		An accredited four year institution (undergraduate program)
		An accredited vocational/technical (trade school) institution
4.	Communi	ty Service and or Work References (for work/service highlighted in your essay)
	Name:	Phone:
	Name:	Phone:

Application and required paperwork must be received by Friday, April 14, 2017, applications received after April 14, 2017 will not be considered.

Scholarship recipients will be notified by Friday, April 28, 2017.

Return completed application and required paperwork in one envelope or by email to Des Plaines Community Foundation (Located in City of Des Plaines - City Hall).

Via mail to:

Des Plaines Community Foundation 1420 Miner St. Room 402A Des Plaines, IL 60016 Attn: Scholarship Program

Via Email: Submissions will be received via email at DPCFScholarship@gmail.com