

ILLINOIS LEGISLATIVE BLACK CAUCUS FOUNDATION

Scholarship Application

Scholarship Eligibility:

Foundation Board Members

Paul Williams
Chairman of the Board

Rep. Esther Golar
House Chairwoman

Sen. James Meeks
Senate Chairman

Senator Toi Hutchinson
Senate Secretary

Rep. Deborah Graham
Treasurer

Representative Will Davis
Joint Chairman

Board of Directors

Coy Pugh
Shirley Jones
Robin Kelly
Jesse Madison



Applicants should be an accepted or enrolled student at an accredited institution of higher learning to include community colleges, private institutions and certified vocational training programs.

ILBC Members (and their *immediate relatives), ILBC employees (and their *immediate relatives), and ILBC Foundation members (and their *immediate relatives) are ineligible for the scholarship program.

How to Apply:

Contact Ms. Jackie Brown at 217/544-0444. You can also write to the Illinois Legislative Black Caucus Scholarship Selection Committee, P.O. Box 12104, Springfield, IL 62791 to request an application.

All applicants must:

- Be an Illinois resident
- Complete the ILBC Scholarship Application
- Submit to ILBC verification of enrollment or letter of acceptance
- Write a personal statement (500 words or less) describing interest and involvement in community and public service, hobbies, special talents, sports and/or school activities etc. The statement should address future academic and professional career plans and may highlight any personal challenge(s) perspective has overcome
- Submit two letters of recommendation from persons other than relatives
- Applicants should submit a recent photograph of himself/herself
- Provide proof of voters registration if 18 years of age or older
- Forward the application and supporting materials to the ILBC Scholarship Selection Committee by April 1st
- Any Omission not summated with application will cause disqualification.

Application Deadline:

All prospective applications for the scholarship must be postmarked by **April 1ST** of each year.

Submit Applications to:

Illinois Legislative Black Caucus Scholarship Selection Committee
P.O. Box 12104, Springfield, IL 62791.

**Immediate relatives: mother, father, sister, brother, grandmother, grandfather*

Scholarship Application

Please print. Complete form in detail filling in all appropriate blanks, be as specific as possible.

PERSONAL DATA:

Full Name _____ Male ___ Female ___

Permanent Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Emergency Number _____

Date of Birth (Month/Day/Year) _____ Place of Birth _____

Age _____ Social Security Number _____ - _____ - _____

Father's Name (if applicable) _____ Occupation _____

Mother's Name (if applicable) _____ Occupation _____

Please tell us how you learned about the ILBC Scholarship _____

EDUCATION:

Name of High School Address Did you graduate? __ Yes __ No

Name of College Address Did you graduate? __ Yes __ No

Vocational/Trade Address Did you graduate? __ Yes __ No
Official Classification (circle one) Pre-Apprentice Apprentice Other

2. List the school you will attend or are attending: _____
School Location

Scholarship recipients must gain admission to an accredited college, university, or trade.

3. List your area of study _____

4. Personal Statement (Separate Sheet 500 words or less) describing interest and involvement in community and public service.

CERTIFICATION:

I hereby certify that all information in this application is true and accurate.

Applicant Name (print) Date

Applicant Signature Date

ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.