

## CHRIS & KATHERINE BOULOS FOUNDATION

230 West State Street, Sycamore, IL 60178

Application available at: [www.firstmidwest.com/wm\\_scholarships/](http://www.firstmidwest.com/wm_scholarships/)

1. This scholarship is available to graduates of DeKalb High School & Sycamore High School who attend Kishwaukee College full time.
2. Scholarships are awarded for one academic year only. A student who has received a previous Foundation scholarship must submit an application for each succeeding year.
3. DO NOT LEAVE ANY QUESTION UNANSWERED. If an item does not apply to you, write N/A in the blank. If you need more space, use additional paper and identify each response by the section and item number. Make sure your name and address appear on these additional pages.
4. You must complete all questions on parents' income, whether they are or are not helping you financially with your college education. This information can be obtained from their income tax return for the award year. In certain situations, the committee may require a copy of the income tax return.
5. **The following must be received no later than April 1<sup>st</sup> prior to the academic year for which aid is being requested** (check off each one as you collect and complete).

- \_\_\_\_\_ Completed/Signed Application in ink or typed into this Adobe Writeable form.
- \_\_\_\_\_ Completed School Certification (if applicable, otherwise Verification of Enrollment)
- \_\_\_\_\_ Certified High School Transcript (if applicable)
- \_\_\_\_\_ Certified College Transcript
- \_\_\_\_\_ Personal Letter of Recommendation (This signed letter must be written by someone other than yourself and must be dated in the current year. Prior year letters will not be accepted.)
- \_\_\_\_\_ Academic Letter of Recommendation (This signed letter must be written by someone other than yourself and must be dated in the current year. Prior year letters will not be accepted.)

PLEASE NOTE: THE ABOVE ITEMS MUST BE POSTMARKED OR RECEIVED BY THE TRUST DEPARTMENT NO LATER THAN 5:00 P.M. ON APRIL 1<sup>ST</sup>. IF APRIL 1<sup>ST</sup> FALLS ON A WEEKEND, THE DEADLINE WILL BE 5:00 P.M. THE FOLLOWING BUSINESS DAY. **FAILURE TO TIMELY SUBMIT ALL DOCUMENTATION WILL RESULT IN AUTOMATIC DISQUALIFICATION.**

Mail to or Drop Off at location below Monday-Friday between 9:00 a.m. to 5:00 p.m.

Chris & Katherine Boulos Foundation  
First Midwest Bank  
230 West State Street, Third Floor  
Sycamore, IL 60178  
(779) 222-7020

**\*Relatives of employees or directors of First Midwest Bank should contact the Trust Department of First Midwest Bank to determine eligibility for this scholarship.**

# CHRIS & KATHERINE BOULOS FOUNDATION

Administered by  
First Midwest Bank  
230 West State Street  
Sycamore, IL 60178  
Phone (779) 222-7020

## SCHOLARSHIP APPLICATION

### I. PERSONAL

1. Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. Birthdate \_\_\_\_\_
4. Permanent Address \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. Home Phone \_\_\_\_\_
7. Cell Phone \_\_\_\_\_
8. Marital Status  Single  Divorced  Widowed  
 Married  Separated
9. Sex  Female  Male
10. Veteran  Yes  No
11. Last 4 digits of social security number \_\_\_\_\_
12. Name of Spouse \_\_\_\_\_
13. Address of Spouse \_\_\_\_\_
14. Name and Ages of Dependents \_\_\_\_\_
15. Present Employer \_\_\_\_\_  
Position Held \_\_\_\_\_ Hours/Week \_\_\_\_\_
16. Prior recipient of Boulos Scholarship? \_\_\_\_\_ If yes, year(s) \_\_\_\_\_

### II. FAMILY

1. Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Annual Income \_\_\_\_\_
2. Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Annual Income \_\_\_\_\_

**FAMILY (continued)**

3. Will your parents assist with your educational expenses? \_\_\_ Yes \_\_\_ No

If yes, what amount will they contribute for the period covered by this application?

\$ \_\_\_\_\_

4. Are there special circumstances that limit the amount of family assistance possible? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will you be receiving any other scholarships? \_\_\_ Yes \_\_\_ No

Amount(s) \_\_\_\_\_

6. Will any of your siblings be in college or graduate school during the year for which you are applying? \_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_\_\_

**III. EDUCATIONAL**

1. Current Year in School \_\_\_\_\_ Senior in High School  
\_\_\_\_\_ Freshman in College

2. High School attended? \_\_\_ DeKalb \_\_\_ Sycamore Graduation Year \_\_\_\_\_

3. Name of present school \_\_\_\_\_

4. College major \_\_\_\_\_

5. Expected graduation date \_\_\_\_\_

6. Extracurricular Activities (include dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List any academic honors you have received in high school or college \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List any community service organizations in which you have been active within the last three years.

Activity \_\_\_\_\_ Date \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

**INCOME EARNINGS & BENEFITS**

Information for this section should be taken from the income tax returns for the award year. If you have not yet completed your return, you may estimate amounts. The Scholarship Committee may request copies of your return.

	Student (& Spouse)	Parents
1. Total Number of Exemptions	_____	_____
2. Adjusted Gross Income	_____	_____
3. Social Security Benefits	_____	_____
4. Aid to Families with Dependent Children	_____	_____
5. Child Support Received for All Children	_____	_____
6. Other Untaxed Income and Benefits	_____	_____

**IV. ASSET INFORMATION**

	Student (& Spouse)	Parents
1. Cash Savings & Checking Accounts	_____	_____
2. Real Estate (other than home) and Value	_____	_____
3. Business Value	_____	_____
4. Business Debt	_____	_____
5. Farm Value	_____	_____
6. Farm Debt	_____	_____

**The undersigned represents and warrants that the information contained herein is true and correct. The Chris & Katherine Boulos Foundation is authorized to verify the accuracy of this information and to obtain any other information it may require.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

# SCHOOL CERTIFICATION

(to be completed by applicable College or High School guidance department)

1. Name of Student \_\_\_\_\_
2. Student's Address as it appears on school records \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_ DeKalb High School, 501 West Dresser Road, DeKalb, IL 60115  
\_\_\_\_\_ Sycamore High School, Spartan Trail, Sycamore, IL 60178  
\_\_\_\_\_ Kishwaukee Community College, 21193 Malta Road, Malta, IL 60150
4. Degree Sought      \_\_\_\_\_ High School Diploma      \_\_\_\_\_ Associates Degree  
                                 \_\_\_\_\_ Other (please specify) \_\_\_\_\_
5. Estimated Graduation Date \_\_\_\_\_
6. Cumulative GPA \_\_\_\_\_
7. Full-Time Student      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**I certify that the applicant whose name appears on this page is enrolled and is in good standing. To the best of my knowledge, the statements in this Certification are accurate.**

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_