

**THE ARNOLD & MILDRED ERICKSON CHARITABLE FOUNDATION INC.
SCHOLARSHIP APPLICATION**

**230 West State Street
Sycamore, IL 60178**

www.firstmidwest.com/wm_scholarships/

This Scholarship is only available to 1) graduates of Kaneland High School, Maple Park, Illinois and Burlington Central High School, Burlington, Illinois who are attending a duly accredited college or university; or 2) residents of the Kaneland or Burlington Central School Districts who will be attending Waubensee Community College in Sugar Grove, Illinois and will be pursuing a degree in cultural or manual arts.

1. Applications are to be submitted for one academic year only. A student who has received a previous Foundation Scholarship **must** submit an application for each succeeding year. *
2. Application must be typed into the pdf writeable form found on the website above.
3. Do not leave any item unanswered. If a part and/or item does not apply to you, write N/A in the blank. Questions on parents' income must be completed for this scholarship. The proper source of this information is the income tax returns for the award year. In certain situations, the committee may require a copy of the tax return.
4. If insufficient space is provided for an item, use an additional blank piece of paper, identifying each response by the section and item number and make certain that your name and address appear on each additional page.
5. Sign the application in the space provided.
6. Mail **official** High School and College transcripts to the Foundation.
High School Seniors: High School Transcript
Freshman in College: High School Transcript and College Transcript
Sophomore in College or above: College Transcript only.
7. The school certification form should be completed by the Dean's Office.
8. You must submit an **academic** letter of recommendation dated in the current year.

***Relatives of Directors of The Arnold & Mildred Erickson Foundation or relatives of employees or Director of First Midwest Bank should contact the Trust Department of First Midwest Bank to determine eligibility for this scholarship.**

9. The following **must be received no later than March 1st 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
- _____ Certified High School Transcript
- _____ Certified College Transcript
- _____ Personal Letter of Recommendation (written and signed by someone other than yourself) and dated in the current year. Prior letters will not be accepted).
- _____ Academic Letter of Recommendation (written and signed by someone other than yourself and be dated in the current year. Prior letters will not be accepted).

The Arnold & Mildred Erickson Charitable Foundation, Inc.
c/o First Midwest Bank
230 West State Street
Sycamore, IL 60178
(779) 222-7020

RETAIN THIS SHEET FOR FUTURE REFERENCE

ARNOLD & MILDRED ERICKSON CHARITABLE FOUNDATION, INC.

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 (school year employment only. Do not list employment during school
break) _____
Position Held _____ Hours/Week _____

II. FAMILY

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

II. FAMILY (continued)

3. Are there any special circumstances that limit the amount of family financial assistance?

If so, please describe _____

4. Will you be receiving any other scholarships: _____

If yes, what is the dollar amount? _____

5. Will any member of your immediate family be in college or graduate school during the year for which you are applying? _____ If yes, how many? _____

III. EDUCATIONAL

1. Graduate of:

_____ Burlington Central High School Year Graduated _____

_____ Kaneland High School Year Graduated _____

2. Prior Erickson Scholarship Recipient? _____ Yes _____ No

If yes, what year(s)? _____

3. Current year in school

_____ Senior in High School

_____ Freshman in College

_____ Sophomore in College

_____ Junior in College

_____ Senior/Graduate School

4. Name of present school _____

III. EDUCATIONAL (continued)

5. Name of College/University which you plan to attend _____

College/University Bursar Office Address _____

Expected date of graduation _____

6. College Major _____

7. Extracurricular activities (include dates) _____

8. List any academic honors you have received in high school or college (include dates)

9. List any leadership roles and offices held (include dates) _____

10. List all community service activities (include dates) _____

IV. FINANCIAL

Information for this section should be taken from the income tax returns for the award year. The Scholarship committee may request copies of these returns.

	Student (& Spouse)	Parents
1. Total number of exemptions	_____	_____
2. Adjusted gross income	_____	_____
3. Social Security Benefits	_____	_____
4. Aid to Families w/Dependent Children	_____	_____
5. Child support received for all children	_____	_____
6. Other untaxed income benefits	_____	_____

7. Applicant’s projected estimated expenses and resources for the period this grant is to be used:

Expenses

Tuition and fees.....	_____
Books and Supplies.....	_____
Food, room or housing.....	_____
Transportation (including auto expenses).....	_____
Clothing.....	_____
Medical/Dental.....	_____
Other (Specify)_____.	_____

Total Expenses

Resources

Parent’s Adjusted Gross Earnings	_____
Student/Spouses adjusted gross income during school year	_____
Student/Spouse adjusted gross income during school breaks	_____
Savings	_____
Gifts from family	_____
Scholarships	_____
Loans from family	_____

IV. FINANCIAL (continued)

Other Loans	_____
Other _____	_____
Total Resources	_____

Deficit \$ _____ (Expenses minues Resources)

The undersigned represents and warrants that the information contained herein is true and correct. The Arnold & Mildred Erickson Charitable Foundation, Inc. is authorized to verify the accuracy of this information and to obtain any other information it may require.

Date

Signature

SCHOOL CERTIFICATION

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

1. Name of Student _____
2. Name and Address of School _____

3. Student's Address as it appears on school records _____

4. Degree Sought _____
5. Expected Graduation Date _____
6. Cumulative GPA _____
7. Full-Time Student _____ Yes _____ No
8. 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 _____