

MARY K. ROBERTS SCHOLARSHIP FOUNDATION

230 West State Street
Sycamore, IL 60178

**THIS SCHOLARSHIP IS ONLY AVAILABLE TO GRADUATES OF SYCAMORE HIGH SCHOOL
ATTENDING A DULY ACCREDITED FOUR-YEAR COLLEGE OR UNIVERSITY**

**MUST BE ACCEPTED FOR ENROLLMENT OR ARE ENROLLED FULL-TIME IN AN ACCREDITED FOUR-
YEAR COLLEGE OR UNIVERSITY**

**PLEASE REVIEW CAREFULLY THE ATTACHED EXPLANATION OF UNDERGRADUATE MAJORS ELIGIBLE
TO BE CONSIDERED FOR AN AWARD BEFORE COMPLETING THE APPLICATION**

INSTRUCTIONS FOR APPLICATION

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. * Each applicant is limited to a total of five (5) annual scholarship awards over the course of their undergraduate career.
2. The application is available at www.firstmidwest.com/wm_scholarships/. Type in the writeable pdf form and print out.
3. Do not leave any item unanswered. If a part or item does not apply to you, write N/A in the blank. Questions on parents' income **must** be answered to be considered for this Scholarship.
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 an official transcript of grades and credits earned through the first semester of your senior year (high school applicants) or transcripts covering a minimum of the previous two scholastic years (applicants in college).
7. Obtain the School Certification from the Dean's office.
8. You must submit a personal letter of recommendation AND an academic letter of recommendation.
9. All application materials, including the two letters of recommendation must be **received no later than April 15th** prior to the academic year for which aid is being requested. It is your responsibility to see that all materials are sent. Return application to:

Mary K. Roberts Scholarship Foundation

First Midwest Bank

230 West State Street

Sycamore, IL 60178

Phone: (779) 222-7020

www.firstmidwest.com/wm_scholarships/

RETAIN THIS SHEET FOR FUTURE REFERENCE

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

MARY K. ROBERTS SCHOLARSHIP 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 _____
Mo. Day Year
4. Permanent Address _____
(Where mail will always reach you) Street City County State Zip Code
5. Address While in School _____
Street City County State Zip Code
6. Home Phone () _____ 7. Phone While in School () _____
E-mail address _____
8. U.S. Citizen: ___ Yes ___ No Naturalization Date: _____
9. Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated
10. Sex: ___ Male ___ Female 11. Veteran: ___ Yes ___ No
12. Social Security No. _____ / _____ / _____
13. Name of Spouse _____ Address _____
His/Her Employer _____ Phone _____
Address _____
Name and Ages of dependents _____

II. Family

1. Father's Name _____
2. Address _____ 3. Phone _____
4. Occupation _____ 5. Adjusted Gross Income \$ _____
6. Mother's Name _____
7. Address _____ 8. Phone _____
9. Occupation _____ 10. Adjusted Gross Income \$ _____

11. Will your parents assist with your education expenses? Yes No
12. If yes, what amount will they contribute for the period covered by this application? \$ _____

13. Will you be receiving any other scholarships? Yes No

14. If yes, complete the section below with regard to each award.

Granting Organization and Amount of Award:

15. Will any member of your family be in college or graduate school during the year for which you are applying?
_____ If yes, list name and age? _____

16. How many household members are there (other than applicant)? _____

17. Are you a prior Roberts Scholarship Recipient (what year(s))? _____

III. Education

1. Current Year of Education: Senior in High School Freshman in College
 Sophomore in College Junior in College Senior in College

2. Name of High School you have or will graduate from

3. Name of college that you have been accepted to and plan to attend or now attending

Address of the Financial Aid Office of College

Street

City

State

Zip Code

4. I expect to graduate from high school on (month, year): _____

I expect to graduate college on (month, year): _____

5. Please describe with as much detail as possible your college major, keeping in mind the required majors listed on page 9 of this application. Describe any related studies you may be required to take to fulfill your elected major.

6. List your college major and describe your career goals using your major:

7. Explain in detail how your chosen major is or is not related to social work/sociology, nursing or special education.

8. Have you received the Mary K. Roberts scholarship in the past? ___ Yes ___ No

If yes, list the year of the award and the amount of each award:

9. List extracurricular activities:

10. List any academic honors you have received in high school or college:

11. List any leadership roles, offices held and all community service activities you are or have been involved in:

IV. Financial

Information for this section should be taken from the income tax return for the award year. The Scholarship Committee may request copies of these returns. Unless stated, information asked for refers to the applicant.

	Student (& Spouse)	Parents
Income		
1. Adjusted gross income	_____	_____
2. Social Security benefits	_____	-
3. Aid to Families with Dependent Children	_____	_____
4. Child support received for all children	_____	-
5. Other untaxed income and benefits	_____	_____

Total Income

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

Expenses

- 1. Tuition and fees _____
- 2. Books and Supplies _____
- 3. Food, room or housing _____
- 4. Transportation (including auto expenses) _____
- 5. Clothing _____
- 6. Medical/Dental _____
- 7. Other (specify) _____

Total Expenses _____

Resources

1. Present Assets:

Bank Accounts: Checking \$ _____ Savings \$ _____

Other Assets (itemize): _____

2. Explain possible use of these assets for financing your education (if needed, attach separate sheet).

3. Make and year of car(s) you own and drive for personal use:

4. Present employer: _____ Position held: _____

Hours/week: _____ Salary: _____

5. Present Debts (You are required to list every debt of \$100 or more you now have.):

EDUCATIONAL LOANS

Name of Bank and Type of Loan Program	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
Total				

NON-EDUCATIONAL LOANS

Creator's Name & Address	Purpose of Loan	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
Total					

TOTAL EXPENSES \$ _____

TOTAL RESOURCES \$ _____

6. DEFICIT \$ _____ (Expenses Minus Resources)

Describe any special circumstances that should be considered in evaluating your application:

Example 1: My father/mother has been out of work for the past year, which has strained our family budget.

Example 2: Medical bills have depleted our family savings and ability to assist with college expenses.

Please add any other relevant comments for consideration in evaluating your application:

The undersigned represents and warrants that the information contained herein is true and correct. The Mary K. Roberts Charitable Foundation is authorized to verify the accuracy of this information and to obtain any other information it may require.

Date _____ Signature of Applicant _____

MARY K. ROBERTS SCHOLARSHIP FOUNDATION
230 West State Street
Sycamore, IL 60178

I voluntarily waive my access to this Recommendation under Public Law 93:380 so that it may be kept confidential. Recommendation.

If no waiver is signed, Public Law 93:380 permits the student to inspect this

 Signature of Applicant

LETTER OF RECOMMENDATION TO SUPPLEMENT APPLICATION FOR SCHOLARSHIP

Name of Applicant _____

Address _____
 (Street) (City) (State) (Zip)

(Applicant: fill in above and give to person writing recommendation.)

Writer of Recommendation: Please rate the applicant. Compare with others of like age and position.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgement
Intellectual Achievement						
General Knowledge						
Working with Others						
Emotional Maturity						
Imagination/Creativity						
Potential Success						

In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and achieve professional success after graduation. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than routine praise.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Date _____

RETURN TO: Mary K. Roberts Scholarship Foundation, c/o First Midwest Bank, 230 W. State Street, Sycamore, Illinois 60178. (All applications, School Certification and Letters of recommendation must be received no later than April 15th of the granting year. Your cooperation is greatly appreciated).

MARY K. ROBERTS FOUNDATION

UNDERGRADUATE MAJORS ELIGIBLE FOR CONSIDERATION FOR AN AWARD

PRIMARY consideration will be given to applicants whose majors are in social work/sociology, nursing and special education.

SECONDARY consideration will be given to applicants whose majors are in human development and family studies, kinesiology, speech and hearing sciences, applied health professions, community health, pre-physical therapy/BS in health sciences, family and child studies, or similar baccalaureate degree programs, or other undergraduate degree study and in-depth exposure to nursing, special education, social work or sociology, in the context of a four-year degree program may be considered.

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