

Lorene Brown Scholarship Foundation
230 West State Street
Sycamore, IL 60178

1. ONLY GRADUATES OF GENOA-KINGSTON HIGH SCHOOL WHO ARE ATTENDING NORTHERN ILLINOIS UNIVERSITY OR THE UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN ARE ELIGIBLE TO APPLY FOR THE LORENE BROWN SCHOLARSHIP.
2. 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.
3. Obtain the application at www.firstmidwest.com/wm_scholarships/
This is an AdobeWriteable application form. Type in the form and then print out.
4. 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 completed for this scholarship.
5. 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.
6. Sign the application in the space provided.
7. 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 (college applicants).
8. The Dean's Office should complete the School Certification form.
9. You must submit a personal letter of recommendation AND an academic letter of recommendation.
10. All application materials, including letters of recommendation, **must be received no later than May 15th** prior to the academic year for which aid is being requested. Return application to:

The Lorene Brown Scholarship Foundation
First Midwest Bank
c/o The Trust Department
230 West State Street
Sycamore, IL 60178
(779) 222-7020

RETAIN THIS SHEET FOR FUTURE REFERENCE

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

THE LORENE BROWN SCHOLARSHIP FOUNDATION
ADMINISTERED BY FIRST MIDWEST BANK
230 West State Street
Sycamore, IL 60178

SCHOLARSHIP APPLICATION

PERSONAL

1. Name: _____

2. Age: _____

3. Birthdate: _____

4. Permanent Address: _____

Address while in school: _____

Home Phone: _____

Phone while in school: _____

5. Marital Status: Single

Married

6. Sex: Female Male

7. Veteran: Yes No

8. Last 4 digits of Social Security Number: _____

9. Name of Spouse: _____

10. Address of Spouse: _____

11. Names and Ages of Dependents: _____

FAMILY

1. Father's Name: _____

Address _____

Phone _____

Occupation _____

Annual Income _____

2. Mother's Name: _____

Address _____

Phone _____

Occupation _____

Annual Income _____

3. Will your parents assist with your educational expenses and if yes, what amount for the next academic school year for which you are applying?

4. Are you a prior Brown Scholarship recipient and if yes, what year(s) and amounts?

5. Will you be receiving any other scholarships? If yes, please complete the section below with regard to each award.

List Granting Organization	Amount	Recurring?
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Will any of your siblings be in college during the year for which you are applying? If yes, how many?

7. Please indicate the number of dependents other than applicant under the age of eighteen in the household: _____

EDUCATIONAL

1. Current year in School: Senior in High School _____

Year in College _____

Year in Graduate School _____

2. High school attended: _____

3. Name of present school: _____

4. Name and address of financial aid office of college which you plan to attend.

5. College major: _____

6. Expected date of graduation: High school _____ College _____

7. Extracurricular activities:

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

9. List any community service activities in which you are involved:

FINANCIAL

1. Present Assets

Home Equity: _____ Automobile: _____

Checking: _____ Savings: _____

Other Assets:

2. Present employer: _____

3. Position Held: _____
4. Hours/week: _____
5. Salary: _____
6. Applicant's projected estimated expenses and resources for the period this grant is to be used:

Academic year for which this grant will 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:

Adjusted gross earnings:

School year.....\$ _____

Vacations\$ _____

Spouse\$ _____

Savings\$ _____

Gifts: Family\$ _____

Scholarship.....\$ _____

Loans: Family\$ _____

Other Loans.....\$ _____

Other:\$ _____

Total Resources\$ _____

Deficit \$ _____ (resources minus expenses)

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

The undersigned represents and warrants that the information continued herein is true and correct. The Lorene Brown Scholarship Foundation is authorized to verify the accuracy of this information and to obtain any other information it may require.

Signature of Applicant: _____

Date: _____

SCHOOL CERTIFICATION
(to be completed by applicable college or high school)

1. Name of Student: _____

2. Name and Address of School: _____

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

4. Degree Being Sought: _____

5. Expected Graduation Date: _____

6. Cumulative GPA: _____

7. Full-time Student: Yes No

I certify that the application 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.

Name _____

Title _____

Signature _____

Date _____