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# PHCC ILLINOIS AUXILIARY SCHOLARSHIP APPLICATION ~2024~

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Applicant Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents or Guardian's Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

**NAME AND ADDRESS WHERE CHECK SHOULD BE SENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NAME OF SPONSORING AUXILIARY MEMBER:** (Sponsor **cannot** be a parent, guardian or spouse.)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

**SCHOLASTIC DATA:**

High School Attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Rank/Number in Class: \_\_\_\_\_ CUM GPA: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Name of College Attending & Career Plans: \_\_\_\_\_

Dean or Advisor's Name: \_\_\_\_\_

**INSTRUCTIONS FOR APPLYING FOR SCHOLARSHIP:**

Application must be complete with the items listed below for consideration. Please read Scholarship Rules.

1. Completed application above
2. Small photo stapled to application
3. Three letters of recommendation as follows:
  - A. One letter of recommendation from sponsoring Auxiliary member who is not a parent, guardian, or spouse
  - B. Two letters of personal recommendation from people not related to applicant
4. Personal letter: State request and list your high school and college extra-curricular activities.
5. Original copy of high school and college transcripts. These can be sent under separate cover. **High school transcript is required** for all graduates from 2006 to current.

I hereby certify that the above is true and accurate.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent, Guardian or Spouse Signature: \_\_\_\_\_

**GOOD LUCK!**

**DEADLINE TO BE CONSIDERED FOR THE SCHOLARSHIP IS MAY 24, 2024**