

St. Charles Mothers Club Sherry Costello Scholarship Application Form

To qualify for this scholarship, you must be a woman with a dependent child or children, live local to St. Charles and its surrounding communities (Fox Valley Area), be enrolled in a degree program, and show financial need.

Applications must be complete and must be received by **April 21, 2008** at the following address:

St. Charles Mothers Club
P.O. Box 1274
St. Charles, IL 60175
Attention: Scholarship Committee Chairperson

Name _____
 last first middle maiden

Address _____

Phone _____ E-mail _____

Social Security Number _____ Birth Date _____

Marital Status _____ Number and Age of Dependents _____

College _____

Vocational Plans after College _____

Major _____ Overall GPA _____

Hours Required _____ Hours Completed _____

Yearly Tuition _____ Books and Fees _____

Personal Annual Income _____ Spousal or Parental Annual Income _____

I plan to attend school: full-time part-time While in school, I will work: full-time part-time not at all

Plans for Financing College Education _____

Current Scholarships/Grants and Amounts _____

How did you hear about this scholarship? _____

Please attach a short essay about yourself explaining why you feel you should receive this particular scholarship. Include how your degree will enable you to support your family better and how it will enable you to contribute to the community.

Please include a copy of your **official** transcript. Also, please give the attached reference forms to two references and ask them to mail them directly to us at the above address.

**This form, your essay, transcripts, and references must be received by April 21, 2008.
Thank you and good luck.**

EDUCATIONAL REFERENCE

Please ask a professor or teacher to complete this form and return it to the following address by **April 21, 2008**:

St. Charles Mothers Club
P.O. Box 1274
St. Charles, IL 60175
Attention: Scholarship Committee Chairperson

Applicant's Name _____

Your Name _____

Your Job Title _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Mothers Club Sherry Costello Scholarship. Thank you.

BUSINESS REFERENCE

Please ask a business reference to complete this form and return it to the following address by **April 21, 2008**:

St. Charles Mothers Club
P.O. Box 1274
St. Charles, IL 60175
Attention: Scholarship Committee Chairperson

Applicant's Name _____

Your Name _____

Your Job Title _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Mothers Club Sherry Costello Scholarship. Thank you.