

## 2022 Scholarship Application

- 1. Applicant must be a resident of Kendall County
- 2. Please type or print your answers.
- 3. Complete ALL of the blanks applicable to you in the form below.
- 4. Application must include the following information.
  - a. Verification of admission for next academic year to a school of higher education.
  - b. High school students should include a transcript of grades.
  - c. One letter of recommendation from a principal, counselor or department head.
  - d. Personal letter setting forth reasons why you are applying and your plans for the future.
  - e. Typed essay no more than a 500 words on the question at the end of this application.

Submit completed application with ALL documents by Monday, June 6, 2022 to:

Kendall County Association of Chiefs of Police Scholarship Committee P.O. Box 743 Yorkville, IL 60560

Or

Email to Detective Sergeant Yackley of the Oswego Police Department at <a href="mailto:syackley@oswegoil.org">syackley@oswegoil.org</a>

Or

Drop off at the Oswego Police Department ATTN: Detective Sergeant Yackley

A.				
	LAST NAME	FIRST NAME		MI
B.	BIRTH DATE	AGE	GENDER	₹
C.	HOME ADDRESS		TELEPH	ONE NUMBER
D.	CITY, TOWN, VILLAGE	ZIP C	CODE	SOCIAL SECURITY #
E.	Present School Status (check one)	High Sc	hool	Vocational
		Junior (	College	Not Enrolled
	1. Grade Point Aver	rage (GPA):	(On a 4.0	0 scale)
	2. College Test Scor	res: ACT	and/o	r SAT

	School Attendance: High School(s)  Dates				
				es	
1. Rank in clas	SS	out of		semeste	
Name of school to which so	cholarsh	iip would be appl	ied:		
Course to be pursued:					
Parents (or Guardian):					
1. Do your parents sti	ll claim	you as a depende	ent for tax purpor	ses:	
Yes	-	No			
Father/Guardian		Occupation		Annual Income	
Mother/Guardian					
<ul><li>2. Total number of de</li><li>3. If you are not claim</li></ul>	-				
Your Occupation				Annual Income	
Your Spouse's Occupation				Annual Income	
Oo you now hold, or have yo	ou appli	ied for other scho	larships? If yes,	please identify:	
Source		Period of Schola	arship	Amount	
Source		Period of Schola	nrship	Amount	
Employment (list any jobs, i	indication	on dates full or pa	art time):		

K. What are your educational and professional goals and objectives?	
L. List any academic honors, awards and membership activities:	
M. List extra-curricular activities, community service activities, hobbies,	
N. Three Personal References:	
Name:	
Phone Number:	-
Name:	
Phone Number:	-
Name:	
Phone Number:	

## IF YOU HAD THE AUTHORITY TO CHANGE YOUR COMMUNITY IN A POSITIVE WAY, WHAT SPECIFIC CHANGES WOULD YOU MAKE?

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ENCLOSED A COPY OF THE FOLLOWING DOCUMENTS: (I UNDERSTAND THAT IF ANY OF THESE DOCUMENTS ARE MISSING, MY APPLICATION WILL NOT BE PROCESSED.)

A.	Verification of Admission
В.	Copy of Transcripts
C.	Letter of Recommendation (only one)
D.	Personal Letter
E.	Essay
	Annlicant's Signature

<u>Important notice:</u> The Kendall County Association of Chiefs of Police scholarship funds are intended to assist students with the cost of <u>tuition</u>, <u>books and fees</u>.

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