

# College of DuPage Scholarship Application 2005-06

I am applying for: \_\_\_\_\_  
(Print name of scholarship. One scholarship per application form.)

## Section I: Personal Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am currently attending College of DuPage. Course of Study \_\_\_\_\_ Major Code \_\_\_\_\_

I am **NOT** currently attending College of DuPage. Estimated date of enrollment \_\_\_\_\_

I am a high school student. Estimated date of COD enrollment \_\_\_\_\_

Do you plan to  earn a certificate?  earn a degree?  transfer from College of DuPage?  
Are you a legal resident of District 502?  Yes  No  Chargeback  
Do you have an Associates or a Bachelor's Degree?  Yes  No  
Have you filed a FAFSA for 2005-06?  Yes  No  
Are you receiving financial aid for 2005-06?  Yes  No  
Have you received any other scholarships for 2005-06?  Yes  No

Please list types and dates of financial aid or scholarships received:  
\_\_\_\_\_  
\_\_\_\_\_

Expected COD graduation date \_\_\_\_\_

## Section II: Written Statement (To be completed by all scholarship applicants.)

Please attach a **maximum one-page type-written statement** that includes information you believe the Scholarship Committee should know as they consider your scholarship application. You may include academic achievements, leadership skills, community and school participation, and financial obligations. **YOUR FUTURE EDUCATIONAL GOALS MUST BE INCLUDED.** This statement is a key part of your scholarship application. Be concise.

## Section III: Certification

I certify that this is my permanent, legal address and that all other information is true and correct to the best of my knowledge. I authorize College of DuPage to release my grades, transcripts and information contained in this application to the sponsoring Scholarship Committee or to authorized College officials and will allow the use of my photo and/or information for publicity purposes. I understand in order to receive payment I must adhere to the stipulations of the College of DuPage Standards of Conduct and Academic Progress throughout the academic year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application along with any required additional information to:

College of DuPage  
Office of Student Financial Aid • Attn: Scholarship Coordinator • 425 Fawell Blvd. • Glen Ellyn, IL 60137