

# College of DuPage Scholarship Application 2010-11

**(All applications must include an unofficial copy of your COD transcripts, which can be found in My Access)**

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

## Section I: Personal Information

Name \_\_\_\_\_ Colleague ID# \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

I am a high school student. Date of COD enrollment \_\_\_\_\_ (Please include unofficial/official copy of transcripts)

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 a Bachelor's Degree  Yes  No

Have you filed a FAFSA for 2010-2011?  Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_

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

## Section II: Written Statement (required by ALL applicants)

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. The essay must be attached to EACH application. **YOUR FUTURE EDUCATIONAL GOALS MUST BE INCLUDED.** This statement is a key part of your scholarship application. Be concise. Incomplete applications will not be reviewed.

## 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, sponsoring donor 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:  
**(DO NOT STAPLE MATERIALS – USE BINDER CLIPS OR PAPER CLIPS)**

College of DuPage

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