

College of DuPage Scholarship Application 2009-2010

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 _____

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

I am a high school student. 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 a Bachelor's Degree Yes No

Have you filed a FAFSA for 2009-2010? 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. **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

NAME: _____

VOICE TYPE (circle): SI SII AI AII TI TII BI BII

HIGH SCHOOL: _____ GRAD. DATE _____

HIGH SCHOOL DIRECTOR: _____

CHORAL EXPERIENCES IN HIGH SCHOOL (groups, number of years, awards):

VOICE LESSONS (teacher, number of years):

OTHER INSTRUMENTS PLAYED (instruments, number of years, etc.):

OTHER PERFORMING EXPERIENCES AND AWARDS: