

# Chicago Area Golf Swing Club Scholarship Foundation

## Application Guidelines and Form

### Application Guidelines

1. Applicants must be a dependent of a deceased or disabled veteran living or hospitalized in Illinois. Supporting documentation must be included.
2. *All applicants* must include:
  - Personal letter from applicant. Scholarships are awarded on the basis of scholastic standings, financial need, moral character and community service. (Consider how you can most effectively convey your best qualities.)
  - Two letters of recommendation from non-family members.
  - Copy of parent's most recent W4 and 1040 (first two pages).
  - Copy of college tuition and fee statement.
3. *High school seniors* must include copies of high school transcripts and standardized test scores (ACT and/or SAT).
4. *Continuing college applicants* must include copies of transcripts from the institution currently being attended and transcripts from all other postsecondary institutions attended. If you have not yet attended such an institution or have not completed one year of study, please include a high school transcript.
5. *Current scholarship recipients* must include copies of current transcripts.
6. Applications must be typed and all sections must be completed (each year) to receive full consideration.
7. Mail the completed application form and all supporting documents to:

Chicago Area Golf Swing Club Scholarship Foundation  
Attn: Pamela Taccona  
169 Annalisa Court  
Bloomington, IL 60108

**Please note: Applications must be received by April 15.**

## Application Form

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Name (include any name by which you have been known):

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Social Security Number:

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Date of Birth:

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Home Address:

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Home Phone:

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Cell Phone:

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E-mail Address:

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**For continuing college students:**

Institution being attended this semester:

Year in school (freshman, senior, etc.):

Cumulative grade point average:

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**For high school seniors:**

College admission composite test scores:      SAT:                              ACT:

Class rank:

Major:

Vocational goal:

Awards and honors:

Community service:

Class and extra-curricular activities (past four years):

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**Financial information to be completed by student:**

Estimated College Expenses		Estimated Student Contribution		Amount Received Last Year	
Tuition & Fees		Parental		Parental	
Books & Supplies		Employment		Employment	
Room & Board		VA Benefits		VA Benefits	
Transportation (be specific)		CAGSCSF*		CAGSCSF*	
Misc. (list each)		ISSC		ISSC	
		Federal loans		Federal loans	
		Other loans/grants		Other loans/grants	
		Misc.		Misc.	
<b>TOTAL</b>					

\*(Chicago Area Golf Swing Club Scholarship Foundation)

List all scholarship/grants for which you have applied:

\_\_\_\_\_ Amount: \_\_\_\_\_  
 \_\_\_\_\_ Amount: \_\_\_\_\_

List outstanding student loans and year received:

\_\_\_\_\_ Amount: \_\_\_\_\_  
 \_\_\_\_\_ Amount: \_\_\_\_\_

Scholarship funds are sent directly to the college's financial aid office. List mailing address:

\_\_\_\_\_

**Financial information to be completed by parent/guardian:**

	Father	Mother
Name:		
Address:		
Social security # of veteran:		
Employer:		
Address:		
Position:		
# of years with employer:		

List all dependents:

Name	Age

Last full calendar year yearly income:

Salary or wages of father: \_\_\_\_\_  
Salary or wages of mother: \_\_\_\_\_  
Other sources of income: \_\_\_\_\_  
Total: \_\_\_\_\_  
  
Value of home, if owned: \_\_\_\_\_  
Amount of unpaid mortgage: \_\_\_\_\_  
Value of investments: \_\_\_\_\_

Parental statement of current financial condition:

Detailed account of veteran disability:

Veteran's disability file #: \_\_\_\_\_

If veteran is deceased, please attach a copy of the discharge.

By signing this application, the applicant signified that the decision of the Chicago Are Golf Swing Club Scholarship Review Board is final in the selection of the scholarship winner in the determination of the financial awards. The applicant agrees to waive all limitations on the access of confidential information in his/her file at the school presently attending.

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Applicant Signature

Date

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Signature of Parent

Date