

Champaign County Extension Education Foundation Scholarship High School Application

For the academic year beginning 2018, the Champaign County Extension Education Foundation of Champaign County, Illinois, will be awarding one or more \$1,000 scholarships to residents of Champaign County. The awards are intended to encourage and support county residents who wish to further their formal education. The award will be paid directly to the academic institution.

The Champaign County Extension Education Foundation is a not-for-profit corporation established in 1983 to promote the educational objectives of the University of Illinois Extension, Champaign County. To enhance our educational goals, we have established this scholarship to assist individuals in achieving their own educational objectives. We believe education enriches not only the individual quality of life, but also enhances the quality of life within our communities.

Specific eligibility for the award requires that the recipients must fulfill certain conditions. Selection will be based on the criteria listed below.

Conditions:

1. Resident of Champaign County.
2. Financial consideration and academic motivation demonstrated.
3. If presently in school, be in good academic standing (not on probation).
4. Maintain satisfactory and continuous progress towards the educational objective.

Criteria:

1. Statement of your educational and career goals.
2. Two letters of recommendation.
3. Statement of service activities.
4. Statement of applicant and/or family involvement in Extension programming.
5. Academic record.
6. Signed Application Form (applicant & guidance signatures as noted).

Application Deadline: Monday, April 16, 2018, received by 4:30 PM in the Extension Office.

Return Applications to: Champaign County Extension Education Foundation
801 North Country Fair Drive, Suite D
Champaign, Illinois 61821

This is to certify that the above applicant will graduate from _____ High School on _____, 2018. The applicant has taken the following college entrance examination under a statewide testing program:

Name of Test: _____ Score: _____

Dated this _____ day of _____, 2018.

Principal or Counselor Signature

Name of High School

Address of High School