

**ALSIP CHAMBER OF COMMERCE
ALSIP INDUSTRIAL ASSOCIATION
EDUCATIONAL SCHOLARSHIP**

Mail or deliver to:

Alsip Chamber of Commerce
12159 South Pulaski Road
Alsip, Illinois 60803
(708) 597-2668

2025

SCHOLARSHIP APPLICATION

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH
YOUR COMPLETED SCHOLARSHIP APPLICATION FORM.**

1. CERTIFIED TRANSCRIPT OF GRADES-HIGH SCHOOL AND/OR COLLEGE
2. PROOF OF EMPLOYMENT BY AN AIA or ACC MEMBER COMPANY (letter from the employer), if applicable.
3. PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE-ISSUED PHOTO I.D.
4. LETTER OF RECOMMENDATION. NOTE: IF ENROLLED IN COLLEGE, THE LETTER OF RECOMMENDATION SHOULD BE FROM A PREVIOUS, OR CURRENT COLLEGE INSTRUCTOR.

**SCHOLARSHIP APPLICATIONS MUST BE RECEIVED AT
12159 S. Pulaski Road, Alsip
By May 20, 2025 3:00 P.M.
No applications will be accepted after this deadline.**

**IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THE
FOLLOWING QUESTIONS, YOU MAY COMPLETE THE
INFORMATION ON A BLANK SHEET AND ATTACH IT TO THE
APPLICATION.**

WHAT COLLEGE OR TRADE SCHOOL ARE YOU CURRENTLY ATTENDING?

7. WHAT IS YOUR INTENDED/CURRENT MAJOR FIELD OF STUDY?

8. WILL YOU BE ATTENDING FULL TIME FALL 2025 (12 CREDIT HRS OR MORE)? ___
ARE YOU CURRENTLY ATTENDING FULL TIME OR PART TIME? _____

9. PLEASE CHECK:

____ I HAVE APPLIED FOR ADMISSION _____ I HAVE BEEN
ACCEPTED

____ I HAVE ATTENDED FROM _____ TO _____

AND HAVE COMPLETED _____ SEMESTER HOURS.

10. DO YOU PLAN TO LIVE: _____ ON CAMPUS; _____ AT HOME; OR
_____ IN OFF-CAMPUS HOUSING? WHAT IS THE REASON FOR YOUR
DECISION?

11. PLEASE EXPLAIN BRIEFLY THE PERSONAL ACHIEVEMENTS,
ACCOMPLISHMENTS, _____ AND EXAMPLES OF A STRONG WORK ETHIC THAT
YOU FEEL QUALIFY YOU FOR THIS SCHOLARSHIP.

12. PLEASE EXPLAIN ANY CIRCUMSTANCES CONCERNING YOUR FINANCIAL NEED
FOR THIS SCHOLARSHIP THAT YOU WOULD LIKE THE JUDGES TO CONSIDER.

13. WHAT ARE YOUR CAREER PLANS?

14. PLEASE EXPLAIN IN DETAIL ALL GRANTS, OTHER SCHOLARSHIPS, OR FINANCIAL ASSISTANCE YOU HAVE ALREADY BEEN AWARDED, INCLUDING THE MONETARY AMOUNT OF EACH, OUTSIDE OF ANY FINANCIAL SUPPORT YOUR FAMILY WILL BE PROVIDING.

15. PLEASE EXPLAIN ALL FINANCIAL AID YOU HAVE APPLIED FOR OR HOPE TO RECEIVE BUT HAVE NOT YET BEEN OFFICIALLY AWARDED. INCLUDE THE APPROXIMATE AMOUNT(S) IF KNOWN.

16. PLEASE EXPLAIN YOUR OWN RECENT AND PLANNED FUTURE EFFORTS TO EARN MONEY TO HELP PAY PART OF YOUR OWN HIGHER EDUCATION COSTS.

APPLICANT'S PERSONAL AND FAMILY BACKGROUND

1. DATE OF BIRTH _____
2. I AM A RESIDENT OF _____ (CITY) _____ (STATE)
3. MARITAL STATUS _____ (IF SINGLE, SKIP QUESTIONS 5 THROUGH 8)
4. I HAVE _____ CHILDREN: AGES ____ / ____ / ____ / ____ / ____ /
5. SPOUSE'S NAME _____
6. SPOUSE'S ADDRESS (IF OTHER THAN YOURS)

NUMBER STREET CITY STATE ZIP
7. SPOUSE'S EMPLOYER _____
8. SPOUSE'S MONTHLY GROSS INCOME _____

9. LIST ALL EMPLOYMENT YOU HAVE HELD

Dates Employed

Nature of Work

Employer

10. ARE YOU PRESENTLY EMPLOYED? _____ HOW MANY HOURS PER WEEK?

WHAT IS YOUR MONTHLY GROSS INCOME?

_____ YEARS EMPLOYED BY THIS EMPLOYER? _____

11. FATHER OR GUARDIAN

ADDRESS

| NUMBER | STREET | CITY | STATE | ZIP |
|--------|--------|------|-------|-----|
|--------|--------|------|-------|-----|

12. MOTHER OR GUARDIAN

ADDRESS

| NUMBER | STREET | CITY | STATE | ZIP |
|--------|--------|------|-------|-----|
|--------|--------|------|-------|-----|

13. HOW MANY TOTAL DEPENDENTS ARE THERE IN THE FAMILY? _____

14. ARE THERE SPECIAL FAMILY CIRCUMSTANCES, EXPENSES OR INDEBTEDNESS

THAT SHOULD BE CONSIDERED? _____. IF SO, PLEASE EXPLAIN:

15. PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER:

I AFFIRM THE CORRECTNESS OF THE FOREGOING ANSWERS AND THE INFORMATION PROVIDED ON THIS APPLICATION AND SUPPORTING DOCUMENTS. I UNDERSTAND THAT ANY FALSE ANSWERS PROVIDED IN THIS APPLICATION MAY DISQUALIFY ME FROM CONSIDERATION.

_____ Signature of Applicant Date

STATEMENT OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18):
I HAVE READ THE FOREGOING APPLICATION IN FULL AND HEREBY STATE THAT TO MY KNOWLEDGE IT IS ACCURATE AND COMPLETE.

_____ Signature of Parent/Guardian Date