

BERNICE KIRKUS SCHOLARSHIP FOUNDATION

230 West State Street, Sycamore, IL 60178

Application available at: www.firstmidwest.com/wm_scholarships/

1. This scholarship is available to graduates of Indian Creek High School who are accepted for enrollment or currently enrolled full-time in a duly accredited four year college or university and who major in an undergraduate degree in education.
2. Applications are to be submitted for one academic year only. A student who has received a previous Foundation Scholarship must submit an application for each succeeding year.*
3. Access application at www.firstmidwest.com/wm_scholarships/, type application and print out.
4. Do not leave any item unanswered. If a part and/or item does not apply to you, write N/A in the blank. Questions on parents' income must be completed for this scholarship. The proper source of this information is the income tax returns for the award year. In certain situations, the committee may require a copy of the income tax return.
5. If insufficient space is provided for an item, use an additional blank piece of paper, identifying each response by the section and item number and make certain that your name and address appear on each additional page.
6. Sign the application in ink in the space provided.
7. Mail official High School and College transcripts to the Foundation.
8. The school certification form should be completed by the Dean's office.
9. You must submit an academic letter of recommendation.
10. All application materials, including letters of recommendation, must be received by:

The Bernice Kirkus Scholarship Foundation
c/o First Midwest Bank
230 West State Street
Sycamore, IL 60178

No later than **April 1st** prior to the academic year for which aid is being requested.

RETAIN THIS SHEET FOR FUTURE REFERENCE

*Relatives of employees or directors of First Midwest Bank should contact the Trust Department of First

Midwest Bank to determine eligibility for this scholarship.
BERNICE KIRKUS SCHOLARSHIP FOUNDATION

Administered by First Midwest
Bank 230 West State Street
Sycamore, IL 60178
Phone (779) 222-7004

SCHOLARSHIP APPLICATION

PERSONAL

Name Age Birth Date

Permanent Address

Address while in school

Home Phone () Phone while in school ()

Marital Status Single Married Divorced Separated Widowed

Sex Female Male Veteran Yes No

Last 4 digits of social security number

Name of Spouse

Name and Ages of Dependents

Present Employer

Position Held

Hours per week

FAMILY

Father's Name

Address

Occupation(Father)

Annual Income (Father)

Mother's Name

Address

Occupation (Mother)

Annual Income

FAMILY (CONTINUED)

Any special circumstances that limit the amount of family financial assistance? If so, please describe:

Will you be receiving any other scholarships?

If yes, what is the dollar amount?

Will any siblings be in college or graduate school during the year for which you are applying?

If yes, how many?

EDUCATIONAL

Current year in school

Senior in High School

Freshman in College

Sophomore in College

Junior in College

Name of Present School

Name of College which you plan to attend

Address of College

Expected Date of Graduation

High School

College

College Major

Extracurricular Activities

List any academic honors you have received in high school or college

List any leadership roles, offices held and all community service activities

FINANCIAL

Information for this section should be taken from the income tax returns for the award year. The Scholarship Committee may request copies of these returns.

	Student (& Spouse)	Parents
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- Total number of exemptions
- Adjusted Gross Income
- Social Security benefits
- Aid to Families with Dependent Children
- Child support received for all children
- Other untaxed income and benefits

Applicant's projected estimated expenses and resources for the period this grant is to be used: Academic year for which this grant will be used

Expenses

- Tuition and fees
- Books and Supplies
- Food, room or housing
- Transportation (including auto expenses)
- Clothing
- Medical/Dental
- Other (specify)

Total expenses _____

Resources

Adjusted Gross Earnings:

School _____

Vacation _____

Spouse _____

Savings _____

Gifts:

Family _____

Scholarship _____

Loans:

Family _____

Other Loans _____

Other _____

Total Resources _____

Deficit \$ _____ (Expenses minus Resources)

The undersigned represents and warrants that the information contained herein is true and correct. The Bernice Kirkus Scholarship Foundation is authorized to verify the correctness of this information and to procure any other information it may require.

Date: _____

Signature of Applicant

SCHOOL CERTIFICATION

(to be completed by the applicable college or high school guidance department)

Name of Student _____

Name and Address of School _____

Student's Address as it appears on school records _____

Degree Sought _____

Expected Graduation Date _____

Cumulative GPA _____

Full-time Student _____ Yes _____ No

I certify that the applicant whose name appears on this page is enrolled and is in good standing. To the best of my knowledge, the statements in this Certification are accurate.

Name _____

Title _____

Signature _____

Date _____

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