MARY K. ROBERTS SCHOLARSHIP FOUNDATION

230 West State Street Sycamore, IL 60178

THIS SCHOLARSHIP IS ONLY AVAILABLE TO GRADUATES OF SYCAMORE HIGH SCHOOL ATTENDING A DULY ACCREDITED FOUR-YEAR COLLEGE OR UNIVERSITY

MUST BE ACCEPTED FOR ENROLLMENT OR ARE ENROLLED FULL-TIME IN AN ACCREDITED FOUR-YEAR COLLEGE OR UNIVERSITY

PLEASE REVIEW CAREFULLY THE ATTACHED EXPLANATION OF UNDERGRADUATE MAJORS ELIGIBLE TO BE CONSIDERED FOR AN AWARD BEFORE COMPLETING THE APPLICATION

INSTRUCTIONS FOR APPLICATION

- 1. 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. * Each applicant is limited to a total of five (5) annual scholarship awards over the course of their undergraduate career.
- 2. The application is available at www.firstmidwest.com/wm_scholarships/. Type in the writeable pdf form and print out.
- 3. Do not leave any item unanswered. If a part or item does not apply to you, write N/A in the blank. Questions on parents' income **must** be answered to be considered for this Scholarship.
- 4. 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.
- 5. Sign the application in the space provided.
- 6. Mail an official transcript of grades and credits earned through the first semester of your senior year (high school applicants) or transcripts covering a minimum of the previous two scholastic years (applicants in college).
- 7. Obtain the School Certification from the Dean's office.
- 8. You must submit a personal letter of recommendation AND an academic letter of recommendation.
- 9. All application materials, including the two letters of recommendation must be <u>received no later than April 15th</u> prior to the academic year for which aid is being requested. It is your responsibility to see that all materials are sent. Return application to:

Mary K. Roberts Scholarship Foundation First Midwest Bank 230 West State Street Sycamore, IL 60178 Phone: (779) 222-7020

www.firstmidwest.com/wm scholarships/

RETAIN THIS SHEET FOR FUTURE REFERENCE

*Relatives of employees or Directors of First Midwest Bank should contact the Trust Department at First Midwest Bank to determine eligibility for this scholarship.

MARY K. ROBERTS SCHOLARSHIP FOUNDATION

Administered By First Midwest Bank 230 West State Street Sycamore, IL 60178 Phone (779) 222-7020

SCHOLARSHIP APPLICATION

I.	Personal					
1.	Name	2.	Age3.	Birthdate	Mo.	
	Permanent Address(Where mail will always reach you) Street	City	County	;	State	Zip Code
5.	Address While in SchoolStreet	City	County		State	Zip Code
6.	Home Phone ()					
8.	U.S. Citizen: Yes No Naturali				-	
	Marital Status: Single Married . Sex: Male Female 11.			Separated		
12.	. Social Security No//					
13.	Name of Spouse	<i>F</i>	Address			
	His/Her Employer		Phone _			
	Address Name and Ages of dependents					
II. I	Family					
1.	Father's Name					
2.	Address		3. Ph	one	-	
4.	Occupation		5. Adjusted Gro	ss Income	\$	
6.	Mother's Name					
7.	Address		8. Pho	one		
9.	Occupation		10. Adjusted Gros	s Income \$ _		

11.	Will your parents assist with your education expenses? Yes No
12.	If yes, what amount will they contribute for the period covered by this application? \$
13.	Will you be receiving any other scholarships? Yes No
14.	If yes, complete the section below with regard to each award.
	Granting Organization and Amount of Award:
15.	Will any member of your family be in college or graduate school during the year for which you are applying?
	If yes, list name and age?
16.	How many household members are there (other than applicant)?
17.	Are you a prior Roberts Scholarship Recipient (what year(s)?
III.	Education
1.	<u>Current</u> Year of Education: Senior in High School Freshman in College
	Sophomore in College Junior in College Senior in College
2.	Name of High School you have or will graduate from
3.	Name of college that you have been accepted to and plan to attend or now attending
	Address of the Financial Aid Office of College
	Street City State Zip Code
4	I expect to graduate from high school on (month, year):
٦.	
	I expect to graduate college on (month, year):
5.	Please describe with as much detail as possible your college major, keeping in mind the required majors listed on page 9 of this application. Describe any related studies you may be required to take to fulfill your elected major.
6.	List your college major and describe your career goals using your major:

7. Explain in detail how your chosen major is or is not education.	related to social work/sociolo	ogy, nursing or special
8. Have you received the Mary K. Roberts scholarship If yes, list the year of the award and the amount of e		O
9. List extracurricular activites:		
10. List any academic honors you have received in hig	h school or college:	
11. List any leadership roles, offices held and all comm	nunity service activities you a	re or have been involved in:
IV. Financial Information for this section should be taken from Committee may request copies of these returns.		
 Income 1. Adjusted gross income 2. Social Security benefits 3. Aid to Families with Dependent Children 4. Child support received for all children 5. Other untaxed income and benefits 	Student (& Spouse)	Parents
Total Income		

Expenses 1. Tuition and fees 2. Books and Supplies 3. Food, room or housing 4. Transportation (including auto expenses) 5. Clothing 6. Medical/Dental 7. Other (specify) Total Expenses		_		
Resources				
1. Present Assets:				
Bank Accounts: Checking \$	S	Savings	\$	
Other Assets (itemize):				
2. Explain possible use of these assets for financing	g your education (if nee	ded, attach	separate sheet).	•
3. Make and year of car(s) you own and drive for p	ersonal use:		•	
	ersonal use:		•	
3. Make and year of car(s) you own and drive for p	ersonal use: Position hel	d:		
3. Make and year of car(s) you own and drive for p4. Present employer:	ersonal use:Position helSalary:	d:		
3. Make and year of car(s) you own and drive for p 4. Present employer: Hours/week:	ersonal use:Position helSalary:	d:		
 3. Make and year of car(s) you own and drive for p 4. Present employer: Hours/week: 5. Present Debts (You are required to list every debt) 	ersonal use:Position helSalary:	d:		
 3. Make and year of car(s) you own and drive for p 4. Present employer:	ersonal use: Position hel Salary: of \$100 or more you note	d:now have.)	: Monthly	Due
 3. Make and year of car(s) you own and drive for p 4. Present employer:	ersonal use: Position hel Salary: of \$100 or more you note	d:now have.)	: Monthly	Due
 3. Make and year of car(s) you own and drive for p 4. Present employer:	ersonal use: Position hel Salary: of \$100 or more you note	d:now have.)	: Monthly	Due

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Creator's N	Name & Address	Purpose of Loan	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
			Total			
TOTAL EXI	PENSES \$		TOTAL RESOU	URCES	\$	=
6. DEFICIT \$		(Expenses Minus Res	sources)			
Example 1: My fo	ather/mother has	es that should be considered in been out of work for the past oleted our family savings and	year, which has	s strained our	family budget.	
Please add any ot	her relevant com	ments for consideration in ev	aluating your ap	oplication:		
	ritable Foundati	warrants that the informat ion is authorized to verify t e.				
Date		Signature of Applic	ant			

S	hool Certification (to be completed by a	applicable college of fi	ligh school):
1.	Name of Student		
2.	Name and address of school		
3.	Student's address as it appears on school recor	rds	
4.	Degree sought		
5.	Expected graduation date		
6.	To the best of your knowledge, please describe	the applicant's acade	mic performance to date
7.	Summary ranking of academic performance	Excellent	Good
		Average	Unsatisfactory
8.	General qualifications Cumul	lative GPA	
	(a) Full time	Yes	No
	(b) Student expected to complete program	Yes	No
	(c) Other (please specify):		
8.	I certify that the applicant whose true signature application and is in good standing. To the besaccurate and fairly represent the situation of tassistance.	st of my knowledge, th	e statements in this application
Da	e Name		Title
_ u	Name(Print or Typ	e)	(Print or Type)

V.

MARY K. ROBERTS SCHOLARSHIP FOUNDATION 230 West State Street Sycamore, IL 60178

I voluntarily waive my access to this Recommendation under Public Law
93:380 so that it may be kept confidential.

If no waiver is signed, Public Law 93:380 permits the student to inspect this

Signature of Applicant		

(Street) (City) (State) (Applicant: fill in above and give to person writing recommendation.) Writer of Recommendation: Please rate the applicant. Compare with others of like age and posite to person writing recommendation.) Upper Upper Upper Upper Lower No Basis 5% 10% 25% 50% 50% for Judgement Intellectual Achievement General Knowledge Working with Others Emotional Maturity Imagination/Creativity Detential Success In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution of the statement below indicating your opinion of the applicant's ability to pursue school studies and a financial distribution.	(Zip) e and position.
Writer of Recommendation: Please rate the applicant. Compare with others of like age and posite the applicant. Compare with others of like age and posite the applicant. Compare with others of like age and posite the applicant. Compare with others of like age and posite the applicant of like age age and posite the applicant of like age age age age age age age age age ag	e and position.
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Working with Others Emotional Maturity Imagination/Creativity Potential Success In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a	
Emotional Maturity Imagination/Creativity Potential Success In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a	
Imagination/Creativity Potential Success In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a	
Potential Success In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a	
In addition, please write a statement below indicating your opinion of the applicant's ability to pursue school studies and a	
after graduation. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than	

RETURN TO: Mary K. Roberts Scholarship Foundation, c/o First Midwest Bank, 230 W. State Street, Sycamore, Illinois 60178. (All applications, School Certification and Letters of recommendation must be received no later than April 15th of the granting year. Your cooperation is greatly appreciated).

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Date ____

MARY K. ROBERTS FOUNDATION

UNDERGRADUATE MAJORS ELIGIBLE FOR CONSIDERATION FOR AN AWARD

PRIMARY consideration will be given to applicants whose majors are in social work/sociology, nursing and special education.

SECONDARY consideration will be given to applicants whose majors are in human development and family studies, kinesiology, speech and hearing sciences, applied health professions, community health, pre-physical therapy/BS in health sciences, family and child studies, or similar baccalaureate degree programs, or other undergraduate degree study and in-depth exposure to nursing, special education, social work or sociology, in the context of a four-year degree program may be considered.

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