

## 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/](http://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 **received no later than April 15<sup>th</sup>** 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/](http://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. Age \_\_\_\_\_ 3. Birthdate \_\_\_\_\_  
Mo. Day Year
4. Permanent Address \_\_\_\_\_  
(Where mail will always reach you) Street City County State Zip Code
5. Address While in School \_\_\_\_\_  
Street City County State Zip Code
6. Home Phone ( ) \_\_\_\_\_ 7. Phone While in School ( ) \_\_\_\_\_  
E-mail address \_\_\_\_\_
8. U.S. Citizen: \_\_\_ Yes \_\_\_ No Naturalization Date: \_\_\_\_\_
9. Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated
10. Sex: \_\_\_ Male \_\_\_ Female 11. Veteran: \_\_\_ Yes \_\_\_ No
12. Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
13. Name of Spouse \_\_\_\_\_ Address \_\_\_\_\_  
His/Her Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name and Ages of dependents \_\_\_\_\_

**II. Family**

1. Father's Name \_\_\_\_\_
2. Address \_\_\_\_\_ 3. Phone \_\_\_\_\_
4. Occupation \_\_\_\_\_ 5. Adjusted Gross Income \$ \_\_\_\_\_
6. Mother's Name \_\_\_\_\_
7. Address \_\_\_\_\_ 8. Phone \_\_\_\_\_
9. Occupation \_\_\_\_\_ 10. Adjusted Gross 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. Current 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): \_\_\_\_\_  
 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 related to social work/sociology, nursing or special education.

8. Have you received the Mary K. Roberts scholarship in the past? \_\_\_ Yes \_\_\_ No

If yes, list the year of the award and the amount of each award:

9. List extracurricular activities:

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

11. List any leadership roles, offices held and all community service activities you are or have been involved in:

**IV. Financial**

Information for this section should be taken from the income tax return for the award year. The Scholarship Committee may request copies of these returns. Unless stated, information asked for refers to the applicant.

	Student (& Spouse)	Parents
<b>Income</b>		
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	_____	_____

**Total Income**







**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. Recommendation.

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

\_\_\_\_\_  
 Signature of Applicant

**LETTER OF RECOMMENDATION TO SUPPLEMENT APPLICATION FOR SCHOLARSHIP**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**(Applicant:** fill in above and give to person writing recommendation.)

**Writer of Recommendation:** Please rate the applicant. Compare with others of like age and position.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgement
Intellectual Achievement						
General Knowledge						
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 achieve professional success after graduation. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than routine praise.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

**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 15<sup>th</sup> of the granting year. Your cooperation is greatly appreciated).



**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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