

**Lorene Brown Scholarship Foundation**  
**230 West State Street**  
**Sycamore, IL 60178**

1. ONLY GRADUATES OF GENOA-KINGSTON HIGH SCHOOL WHO ARE ATTENDING NORTHERN ILLINOIS UNIVERSITY OR THE UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN ARE ELIGIBLE TO APPLY FOR THE LORENE BROWN SCHOLARSHIP.
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. Obtain the application at [www.firstmidwest.com/wm\\_scholarships/](http://www.firstmidwest.com/wm_scholarships/)  
This is an AdobeWriteable application form. Type in the form and then print out.
4. 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 completed for this scholarship.
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 the space provided.
7. 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 (college applicants).
8. The Dean's Office should complete the School Certification form.
9. You must submit a personal letter of recommendation AND an academic letter of recommendation.
10. All application materials, including letters of recommendation, **must be received no later than May 15<sup>th</sup>** prior to the academic year for which aid is being requested. Return application to:

The Lorene Brown Scholarship Foundation  
First Midwest Bank  
c/o The Trust Department  
230 West State Street  
Sycamore, IL 60178  
(779) 222-7020

**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.**

**THE LORENE BROWN SCHOLARSHIP FOUNDATION**  
**ADMINISTERED BY FIRST MIDWEST BANK**  
**230 West State Street**  
**Sycamore, IL 60178**

**SCHOLARSHIP APPLICATION**

**PERSONAL**

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Birthdate: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_

Address while in school: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Phone while in school: \_\_\_\_\_

5. Marital Status: Single

Married

6. Sex: Female      Male

7. Veteran: Yes      No

8. Last 4 digits of Social Security Number: \_\_\_\_\_

9. Name of Spouse: \_\_\_\_\_

10. Address of Spouse: \_\_\_\_\_

11. Names and Ages of Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY**

1. Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

2. Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

3. Will your parents assist with your educational expenses and if yes, what amount for the next academic school year for which you are applying?

\_\_\_\_\_

4. Are you a prior Brown Scholarship recipient and if yes, what year(s) and amounts?

\_\_\_\_\_

5. Will you be receiving any other scholarships? If yes, please complete the section below with regard to each award.

List Granting Organization	Amount	Recurring?
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Will any of your siblings be in college during the year for which you are applying? If yes, how many?

7. Please indicate the number of dependents other than applicant under the age of eighteen in the household: \_\_\_\_\_

**EDUCATIONAL**

1. Current year in School: Senior in High School \_\_\_\_\_

Year in College \_\_\_\_\_

Year in Graduate School \_\_\_\_\_

2. High school attended: \_\_\_\_\_

3. Name of present school: \_\_\_\_\_

4. Name and address of financial aid office of college which you plan to attend.

5. College major: \_\_\_\_\_

6. Expected date of graduation: High school \_\_\_\_\_ College \_\_\_\_\_

7. Extracurricular activities:

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

9. List any community service activities in which you are involved:

---

**FINANCIAL**

1. Present Assets

Home Equity: \_\_\_\_\_ Automobile: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Other Assets:

2. Present employer: \_\_\_\_\_

3. Position Held: \_\_\_\_\_
4. Hours/week: \_\_\_\_\_
5. Salary: \_\_\_\_\_
6. 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 year.....\$ \_\_\_\_\_

Vacations .....\$ \_\_\_\_\_

Spouse .....\$ \_\_\_\_\_

Savings .....\$ \_\_\_\_\_

Gifts: Family .....\$ \_\_\_\_\_

Scholarship.....\$ \_\_\_\_\_

Loans: Family .....\$ \_\_\_\_\_

Other Loans.....\$ \_\_\_\_\_

Other: .....\$ \_\_\_\_\_

**Total Resources .....\$ \_\_\_\_\_**

Deficit \$ \_\_\_\_\_ (resources minus expenses)

Describe any special circumstances that should be considered in evaluating your application:

**The undersigned represents and warrants that the information continued herein is true and correct. The Lorene Brown Scholarship Foundation is authorized to verify the accuracy of this information and to obtain any other information it may require.**

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

Date: \_\_\_\_\_

