



2019 CRCA Foundation Scholarship Application
4415 W. Harrison St. Suite 540
Hillside, Illinois 60162
708-449-3340

The CRCA Foundation will grant two \$4,000 renewable scholarships, to senior high school students graduating to attend a four-year accredited college or university in the Fall of 2019.

OBJECTIVE

To assist college/university bound students to obtain a quality education.

ELIGIBILITY - All Candidates must be:

1. High school seniors
2. Provisionally accepted as full-time students into undergraduate degree programs by four year accredited colleges for the following fields of study - liberal arts and sciences, engineering, architecture, or business.
3. United States citizens residing in Cook or other area counties.
4. ACT composite of **29 or greater or SAT equivalent**

ENTRY REQUIREMENTS - The following is required from each candidate:

1. A completed 3-page Application Form.
2. Two completed Personal Evaluation Sheets with a 1-page Letter of Recommendation. One from a high school faculty member/guidance counselor; the second is to be from a non-related adult outside the high school faculty. No other recommendations should be attached.
3. An official transcript of all high school records.
4. Official ACT or SAT Results (either directly from ACT/SAT or included on high school transcript or a photocopy of the score accompanied by a letter of authenticity from high school guidance counselor.)

AWARDS

1. \$4,000 to be awarded yearly. This scholarship is renewable based upon student maintaining a 2.75 grade point average, based upon a 4.0 system. The scholarship will only be renewed three times.
2. Although the intent of the CRCA Foundation is to recognize the outstanding nominee, should two or more candidates rank equally in the judgment of the Foundation Selection Committee, the level of need should then be considered the final criteria.
3. The scholarship will be sent to the bursar of the college or university for disbursement where the scholarship winner will do his or her undergraduate work.

JUDGING

1. The Foundation has the sole authority for granting the scholarship awards. The scholarship recipients are selected on the basis of academic performance, faculty recommendation, extracurricular activities, employment experience, and a demonstrated interest in a productive career. The Foundation reserves the right to delegate the choice of award recipients to the Selection Committee.
2. Applications will be available at www.crca.org / Scholarship in December each year. Finalists will be notified in April.
3. For continuation of scholarship, recipients will be required to provide grade transcripts following the spring term each year, covering the academic year.
4. All selections are considered final. All applications and attachments become the property of the Foundation. All Scholarship awards will be announced at an official CRCA Foundation function in May.

SUBMIT APPLICATION TO via Mail: CRCA Foundation, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 1, 2019**, **Fax** (708-449-0837) or **Email** (CRCAScholarship@gmail.com, please include student name in subject line). Fax and Email receipt **by March 1, 2019**. All sections must be completed for consideration. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript, and ACT score) but not required. It is the applicant's ultimate responsibility that all information is received by the Foundation...not ACT, the guidance counselor, other high school staff or others!



APPLICANT: Please complete ALL sections of this application. Type or print using black or blue ink. Use N/A if question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation.

I. APPLICANT

- A. Name: Last First Middle
B. Address: Number/Street City ST Zip
C. High School Currently Attending: County:
D. High School Address/City/St/Zip:
E. Date of Graduation: /2019
F. Applicant's E-Mail: Main Phone: () ()
G. Parents Email: Main Phone: () ()
H. Applicant's Date of Birth: / / Parent or Legal Guardian's Name:

II. FINANCIAL INFORMATION (MUST BE COMPLETED)

- A. 1. Father's Occupation: 2. Current Employer:
3. Salary Range: 0-50,000 51,000-100,000 101,000 and up
B. 1. Mother's Occupation: 2. Current Employer:
3. Salary Range: 0-50,000 51,000-100,000 101,000 and up
C. 1. Brothers and sisters in your family: Older than you 2. Younger than you
D. Including yourself, how many members of your immediate family will be in college next year:
E. Complete the following estimate of college costs and revenues
F. Costs (estimated costs based on assumption that the student is accepted at their top choice of college/university.)
Tuition: \$
Room & Board, Books, Expenses, Etc. \$
G. Revenue table with columns: 1st yr., 2nd yr., 3rd yr., 4th yr. and rows: Parent Contribution, Applicant's Earnings, Loans, Scholarships Rec'd, Total

H. In what program do you expect to get your degree?

Table with 4 columns: University, Applied, Accepted, Pending



III. ACADEMIC INFORMATION

A. Send an official transcript and provide GPA based on courses completed to date for the high school you are presently attending. Transfer Student - Provide a complete transcript from the previously attended schools in addition to grades from present school.

- 1. Weighted GPA _____ on _____ scale, as of _____ Month/Year
- 2. Unweighted GPA _____ on _____ scale, as of _____ Month/Year
- 3. Official ACT results (either directly from ACT or included on high school transcript or a photocopy of official ACT score, accompanied by a letter of authenticity from high school guidance counselor.)

ACT _____ or SAT _____

IV. EXTRA-CURRICULAR INFORMATION

In what extracurricular activities have you participated while attending high school? Indicate purpose of organization, any elected offices held, Year of school participating, etc. Limit activities to space provided.

A. Student activities _____

B. Community activities (Scouts, etc.) _____

C. Athletics (school & other) _____

D. Awards _____

V. EMPLOYMENT INFORMATION (In order of Oldest to Most Recent)

Name/City	Type of Business	Date From / To	Average Hrs. worked per week



VI. PERSONAL

A. Summarize Long Term Career Goals:

B. What Is One Adjective That Best Describes You and Why?

C. What Do You Perceive as your Strongest Attribute and Why?

I agree that the application and all attachments may be used for the purpose of evaluation and selection by the CRCA Foundation Scholarship Committee. I also state that all information enclosed is true and correct to the best of my knowledge. False information is cause for disqualification.

Signed:

SUBMIT APPLICATION TO THE CRCA FOUNDATION via:

-Mail: CRCA Foundation, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 1, 2019**,
-Fax (708-449-0837)
-Email (CRCA scholarship@gmail.com, please include student name in subject line).
Fax and Email receipt **by March 1, 2019**. All sections must be completed in order for application to be considered. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript and ACT score) but not required. It is the applicant's ultimate responsibility that all information is received by CRCA...not ACT, the guidance counselor, other high school staff or others!

Student: _____ **Date:** ____/____/____

Parent: _____ **Date:** ____/____/____

**TO BE COMPLETED BY:
H.S. FACULTY MEMBER**



Date: ____/____/____

PERSONAL EVALUATION SHEET

Name of Student _____
Last First Middle

The above student has applied for a scholarship from the CRCA Foundation and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA Foundation office at 708-449-3340.

Please complete this form (type or print using black ink). The completed form may be returned to the Foundation via: **Mail:** CRCA Foundation, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 1, 2019**, **Fax** (708-449-0837) or **Email** (CRCAScholarship@gmail.com, please include student name in subject line). Fax and Email receipt **by March 1, 2019**. All sections must be completed in order for application to be considered. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator _____ Signature _____

High School _____

Address _____ Phone _____

How long have you known applicant? _____

Describe the nature of your contact with the applicant

LETTER OF RECOMMENDATION GUIDELINES

Please submit a one (1) page letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

- Cooperation
- Industriousness
- Initiative
- Leadership

Be sure to include any other thoughts or examples of why you believe this student should be awarded the CRCA Foundation Scholarship.

**TO BE COMPLETED BY:
ADULT, NON-RELATED EVALUATOR
OTHER THAN SCHOOL FACULTY**



Date: ____/____/____

PERSONAL EVALUATION SHEET

Name of Student _____
Last First Middle

The above student has applied for a scholarship from the CRCA Foundation and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA Foundation office at 708-449-3340.

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Name of Evaluator _____ Signature _____

Employer _____

Address _____ Phone _____

How long have you known applicant? _____

Describe the nature of your contact with the applicant

LETTER OF RECOMMENDATION GUIDELINES

Please submit a one (1) page letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

- Cooperation
- Industriousness
- Initiative
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