CFS 438 Rev 1/2019

State of Illinois Department of Children and Family Services

SCHOLARSHIP PROGRAM APPLICATION Youth Must Complete Application

Applications must be POST MARKED by March 31st. All required items must be included for the packet to be eligible for consideration. Mail the complete packet to:

DCFS Scholarship Program, 406 E. Monroe, Station #23, Springfield, IL 62701. Email completed packet to: DCFS.OfficeofEducationandtransitionServices@illinois.gov

Date of Application				
Name		Age _	Date of Birth	
(Last)	(First)	(Middle)		
List All Former Names: _				
Race:			Gender: Male Fe	emale
Address				
(Number)	(Street)	(Apt. N	o.)	
(City)		(State)	(Zip Code)	
Phone/		Email Address:		
DCFS Case ID Number		Adopted:	Yes: Year	
	Subsidi	zed Guardianship/KinGap:	Yes: Year	□ No
DCFS Caseworker (If a	pplicable)		Phone/	
Private Agency Casewo	rker (If applic a	ıble)		
Phone/				
Is either of your parents	a veteran of the	e US Armed Forces?	Yes No	

ACADEMIC HISTORY

Graduation date			
Grade point average	out of	point system	
Class rank	out of		
Currently attending college?	Yes No		
List any honors or special re	ecognitions that you	have earned or received and explain.	
List and explain any high s (e.g., clubs, sports, student o		l/or college activities that you have participated	in
Activity		High School? College? Length of Time?	

scholarship. Use the categories	listed b	oelow to	o explain	your plan for n	neeting those expe	enses.	
Savings	\$_						
Assistance (Parents)	_						
Assistance (Organizations)	-						
Summer earnings	_						
Other	_						
Total	\$_						
List the colleges and/or univers	sities th	at you	have ap	plied to and th	e status of your a	application:	
				(Cir	ccle One)		
				Accepted	Not Accepted	No Response	
-				Accepted	Not Accepted	No Response	
				Accepted	Not Accepted	No Response	
				Accepted	Not Accepted	No Response	
What academic area do you pla	an to m	najor in	ı (e.g. ch	emistry, mathe 	ematics, English,	etc.)?	
List and explain any employme	ent and	or volu	unteer e	xperiences you	have had.		
<u>Dates Employed or Volunteered</u>			Employer o	Employer or Volunteer Organization			
						_	
	· <u> </u>	· <u> </u>					

If you receive a DCFS scholarship you will be expected to meet expenses not covered by the

Attach a typed, personal essay explaining why you want to attend college and why YOU should receive a DCFS scholarship. The essay should emphasize your perseverance to excel, obstacles you have overcome in order to do so, and how you will use this scholarship to its fullest benefit to successfully earn a post-secondary degree.

YOU ARE REQUIRED TO SUBMIT THREE LETTERS OF RECOMMENDATION

Persons that you should consider asking to write you a letter of recommendation include your teachers; counselor and employer. They should be individuals who know you and can write about your personal character and strengths. The letters of recommendation should be addressed to the DCFS Scholarship Committee and provide a brief description of your personal strengths, academic abilities, and/or work performance.

Applicant Signature

PERSONAL ESSAY

If you require additional space please attach a separate sheet, and be sure to include your name on top of the additional page.