

Silver Cross Healthy Community Commission/Tealight Foundation, Incorporated Scholarship

High School Seniors Scholarship

Eligibility Requirements:

- Graduating High School Senior Male or Female
- B+ or Higher Grade Point Average (3.3 or higher g.p.a.)
- Live/Reside in the Following Zip Codes: 60432, 60433, 60436, and the Fairmont Grade School District 89
- Submit Official High School Transcript by deadline
- Submit one (1) letter of recommendation by deadline
- Submit a Current Resume by deadline
- Participation in an interview process, if selected as a scholarship awardee semi-finalist

Scholarship Guidelines:

- Submit Complete Application by Monday, April 13, 2020 at 11:50 PM.
- All applications must be postmarked (if mailed) no later than **Monday**, **April 13**, **2020 at 11:59 PM**. No late applications will be accepted.
- Incomplete applications will not be considered after the deadline.
- Applications may be submitted electronically to Crystal K. Malone, Scholarship Chairman, at tealightscholarships@gmail.com by **Monday**, **April 13**, **2020** at **11:59 PM**.
- Transcripts <u>cannot</u> be submitted electronically. An official transcript with the registrar's seal must be submitted by mail to the Membership Chairman.
- If awarded, students must attend a 4-year or 2-year accredited institution for the fall or spring semester of the 2020-2021 academic year. Failure to attend an accredited 4-year or 2-year accredited institution will result in the forfeiture of the scholarship.
- The Silver Cross Healthy Community Commission (the "Commission") Scholarship **cannot** be duplicated with scholarships awards from other organizations that are awarded in collaboration with the Commission. A scholarship candidate may only receive this award from one community organization, which is awarding scholarships in collaboration with the Commission, in one calendar year.

Mail to:

Tealight Foundation, Incorporated c/o Crystal K. Malone, Scholarship Chairman P.O. Box 223 Joliet, IL 60434

Questions? Contact Crystal K. Malone at (773) 710-1948 or at tealightscholarships@gmail.com



SCHOLARSHIP APPLICATION

Please type or print neatly. If necessary, you may use additional paper to answer questions.

I. STUDENT INFORMATION

Name:		_Age:
Address:		
City:		
Email Address:		
High School:		
First College Choice:		
Second College Choice:		
Explain Your Career Goals:		
Community Service Hours (High Sch	ool Hours Total): _	
List Your Community Service Activit	ties:	



Extra Curricular Activities (such as school, church, and	d commur	nity activities):
Special Achievements, Honors, Awards, and Talents:		
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II. ACADEMIC INFORMATION		
Un-weighted Grade Point Average (G.P.A.):		on a <u>4.0</u> G.P.A. Scale
Weighted Grade Point Average (G.P.A.):	_ on a	G.P.A. Scale
Academic Honors:		
III. FAMILY INFORMATION		
Parent/Guardian Name(s):		
Address:		



City:	State:	Zip:		
Email Address:				
Home Phone:	Cell Pl	Cell Phone:		
Work Phone:	Number of Siblings:			
IV. FINANCIAL INFORMATION	N			
Have you applied for other scholarsh	nips, awards, or	grants? Please explain.		
Currently, what monetary awards/scl	holarships have	your received? Please e	xplain and	
list.				
Applicant's Signature*:				
Parent/Guardian Signature*:				

*No electronic signatures.