The Southeastern Illinois College Alumni & Friends Association has established a scholarship program that is open to children/legal wards of current Southeastern Illinois College alumni. All applicants must have parents/guardians that are current members of SIC Alumni & Friends Association. A scholarship is awarded to one student from each high school in the Southeastern Illinois College district. The Committee is now accepting applications to make awards for the 2015-2016 academic year.

ALL APPLICATIONS, COMPLETE WITH SUPPORTING DOCUMENTS, MUST BE POSTMARKED BY APRIL 14, 2015 IN ORDER TO BE CONSIDERED FOR THE 2015-2016 ACADEMIC YEAR SCHOLARSHIP PROGRAM.

Please note that applications and/or supporting documents postmarked after this deadline will not be eligible for the 2015-2016 scholarship program. Due to the large number of applications received and the short turn-around time involved for the Committee to come to a decision, all applications must be received in a timely fashion.

Successful applicants will be notified by April 30, 2015.

We look forward to hearing from you!

REMEMBER:

ALL APPLICATIONS, COMPLETE WITH SUPPORTING DOCUMENTS, MUST BE POSTMARKED BY APRIL 14, 2015 IN ORDER TO BE CONSIDERED FOR THE 2015-2016 ACADEMIC YEAR SCHOLARSHIP PROGRAM.
2015-2016 SIC ALUMNI & FRIENDS ASSOCIATION SCHOLARSHIP
INFORMATION SHEET

THE SELECTION CRITERIA IS ITEMIZED BELOW:

1. THE APPLICATION, ACCOMPANIED BY SUPPORTING DOCUMENTATION, MUST BE
   POSTMARKED BY APRIL 14, 2015.

2. The following criteria will be used to screen applicants.
   A. Applicant must be planning to attend SIC.
   B. Parent/Guardian must be an SIC Alumni & Friends Association Member.
   C. This scholarship is a one year scholarship
   D. All applicants must have a minimum “B” average in order to submit an application.
   E. Consideration of applicant’s:
      • Academic achievement (GPA, ACT and transcripts)
      • Extra-curricular activities/work experience

3. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED. ALL SUPPORTING
   DOCUMENTATION MUST ACCOMPANY THE APPLICATION, NO EXCEPTIONS. MISSING
   DOCUMENTATION WILL INVALIDATE THE APPLICATION. THE APPLICANT IS
   RESPONSIBLE FOR ENSURING ALL DOCUMENTS ARE ENCLOSED WITH THE
   APPLICATION. REMEMBER THE APPLICATION MUST BE TYPED.

4. The selection will not discriminate on the basis of age, gender, race, religion, or national origin. The
   successful candidate from each of the schools in the SIC district will be considered.

5. All decisions of the scholarship committee are final.

THIS APPLICATION MUST BE ACCOMPANIED BY
THE FOLLOWING DOCUMENTATION: NO EXCEPTIONS OR THE
APPLICATION WILL BE DISQUALIFIED.

1. High school and/or college transcripts.
2. ACT/SAT scores.
3. GPA and scale.
4. Extra-Curricular Activities and Honors.
5. Work Experience.

MAIL COMPLETED APPLICATION AND ALL ACCOMPANYING MATERIALS TO:

DR. BARBARA MORGAN
1221 S. WEBSTER ST.
HARRISBURG, IL 62946

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED
SIC ALUMNI & FRIENDS ASSOCIATION SCHOLARSHIP

NAME_______________________________________________________________________________

Last                                                First                                                 Middle

ADDRESS

______________________________________________________________________________

Street                                     City                                State                        Zip Code

PHONE  (________)__________________      SEX

____ __

Male   Female                                  Mo.  Day   Yr.

Area Code       Phone Number

HIGH SCHOOL AND GRADUATION YEAR______________________________________________

HIGH SCHOOL G.P.A./SCALE               ACT OR SAT SCORE

COLLEGE STUDENT STATUS:   ___ Freshman   ___ Sophomore

NAME OF PARENT/GUARDIAN (SIC ALUMNI)__________________________________________

EXTRA-CURRICULAR ACTIVITIES (list grade levels for all activities)

Scholastic Achievements/Honors________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Student Extra-Curricular Activities________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Community Involvement/Service________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
WORK EXPERIENCE (list grade levels for all work experiences)

Please tell us about any work experiences that you’ve had.____________________________________
_____________________________________________________________________________________
____________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
To the best of my knowledge, the above information is true and correct.

_________________________________________________
APPLICANT’S SIGNATURE                         DATE

✓ CHECK-OFF LIST

☐ Have you signed your application?
☐ Is your application typed?
☐ Have you enclosed all of the following?
  ☐ High school and college transcripts
  ☐ ACT/SAT Scores
  ☐ GPA and Scale
  ☐ Extra-curricular Activities/Honors
  ☐ Work Experience