

**AUGUSTUS J. SCHIESZLER SR. ("Mr. Gus")  
SCHOLARSHIP APPLICATION**

**PERSONAL DATA**

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Today's Date \_\_\_\_\_

Parents' Address (if different from yours): \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

**ACADEMIC DATA**

Cumulative Grade Point Average: \_\_\_\_\_ Class Rank: # \_\_\_\_\_ out of \_\_\_\_\_  
(Please attach transcript)

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ (Please attach records)

Name of Junior College, Vocational School or College/University you plan to attend:  
\_\_\_\_\_

Why do you want to attend this school?  
\_\_\_\_\_

What do you wish to achieve? \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL AND COMMUNITY INVOLVEMENT**

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships. Please tell us about your participation in above activities you have listed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List any awards, offices held, honors or recognition received:

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**FINANCIAL DATA**

Total Number of Family Members in Household (including you): \_\_\_\_\_

Number of Family Members in College (including yourself): \_\_\_\_\_

Anticipated College Expenses:

Expected Family Contribution:

Tuition (full year) \$ \_\_\_\_\_

Parents' Contribution:  
(From income and assets) \$ \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_

Student Contribution  
(from job and/or savings) \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Other (please list)

Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total College Expenses: \$ \_\_\_\_\_

Total Family Contribution \$ \_\_\_\_\_

Have you applied for, or received, other forms of financial aid at this time? \_\_\_\_\_

If yes, please indicate the type and amount:

Scholarships \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Workstudy \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

(Please forward a copy of any current or future financial aid received from any source)

Do you plan to work during the school year? \_\_\_\_\_

Why do you need assistance? \_\_\_\_\_

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If there are special financial circumstances that will affect your education, please describe:

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**SIGNATURES:**

**I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.**

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(Signature of Applicant)

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(Signature of Parent or Guardian)

**High school and/or college transcripts must accompany all applications.**

**Documentation of SAT OR ACT scores is required.**

**Return before April 30, 2010 to:**

Rescar Scholarship Program Administrator  
1101 31<sup>st</sup> Street  
Suite 250  
Dowers Grove, Illinois 60515