## AUGUSTUS J. SCHIESZLER (MR. GUS) SCHOLARSHIP APPLICATIONS

PERSONAL DATA			Today's Date:						
				l		(Mo)	<u>t_</u>	(Day)	(Year)
Name:									
	(Las	t)		(First)			(Middle		
Address:	Address:								
	(Stree	et)		(City)			(St	(State) (Zip)	
Phone:			Date of Birth:						
						(Mo)		(Day)	(Year)
Social Security Number:			Male: □ Female: □						
Parents Nar	nes:								
		(Mother's Nam	ne)			(Fat	her's Na	ime)	
Mother's Pl	ace of Employment:								
	(Job Title)	o Title) (Company Name and Address)							
Father's Pla	ce of Employment:								
		(Job Title)		(Company Name and Address)					
		A	CADEN	/IIC DATA					
Cumulative Grade Point Average:					Class Rank: #			out of	
	(Please attach tra	nscripts) copy of	f current t	ranscripts must	be provided j	for considera	tion	l.	
SAT Score: ACT Score:				(Please Attached Records)					
Name of Jur	nior College, Vocation	al School, o	r Colleg	ge/Universit	y you pla	n to atten	d?		
Why do you want to attend this school?									
vviiy do you	i want to attend this s	CHOOLE							
What do you wish to achieve?									

SCHOOL AND COMMUNITY INVOLVEMENT						
Organizations may incl	ude academic, athletic, ci	n a member or jobs in which you l vic, religious, or social groups. Jo out your participation in any of th	bs may also include			
List of awards, offices	held, honors, or recognition	on received.				
	FINA	NCIAL DATA				
Total Number of Famil	y Members in Household					
	,					
-	mbers in College (including	g yourself):				
Anticipated College expenses:		Expected Family Contribution:				
Tuition (full year):	\$	Parents' Contribution: (From income or assets)	\$			
Books/Supplies:	\$	Student Contributions: (From job or savings)	\$			
Room and Board:	\$	Other (Please specify):	\$			
Other (Please List):	\$					
Total Expenses:	\$	Total Family Contributions:	\$			
Have you applied for, o	or received, other forms o	f financial aid at this time?	ES D NO D			
If yes, please indicate the type and amount:		Scholarships	\$			
		Grants	\$			
		Loans	\$			
		Work-study	\$			
		Other	\$			

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

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<del></del>					
Do you plan to work during the school year?					
Why do you need assistance?					
If there are special financial circumstances that wi	ill affect your education, please describe:				
SIGN	NATURES				
I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.					
(Signature of Applicant)	(Signature of Parent or Guardian)				
(Print Name of Applicant)	(Print Name of Parent or Guardian)				
	ripts must accompany all applications.				
Documentation of SAT a	and/or ACT scores is required.				
Applications must be re	turned before May 31, 2023				
	Companies				
	ource Department				
	rship Administrator <sup>t</sup> Street, Suite 250				
	Grove, IL 60515				
For Offi	ice Use Only				
	1				

For Office Use Only							
Date Received:	Was application received prior to May 31?			YES - NO -			
Have employment eligibility requirements been met? YES   NO							
Applicant's Transo	cripts Received?		YES - NO -				
Applicant's SAT/ACT Documentation Received?			YES - NO -				

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