

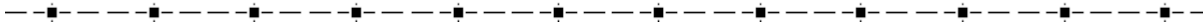
**PTA**  
**Arlington Heights Council**  
**Achievement Scholarship**

No. \_\_\_\_\_

Instructions to Applicant:

- ◆The applicant will be a graduating high school senior, who has attended one or more District 25 schools for at least three (3) years. (Thomas, South, Dryden, Westgate, Windsor, Olive-Mary Stitt, Patton, Greenbrier and Ivy Hill)
- ◆The applicant must have maintained a 3.0 cumulative grade point average (5.0 scale), including 7<sup>th</sup> semester grades, and plans to attend a post-secondary school as a full- or part-time student.
- ◆The Scholarship Award is an outright gift, and will be presented at the annual Arlington Heights Council of PTAs Scholarship Breakfast on May 16, 2017. Recipients attend this event and give a short speech.
- ◆Criteria set by the Scholarship Committee endeavors to recognize personal achievement of our students. The recipients will be selected on the basis of efforts in the classroom, school and community involvement.
- ◆All applications are reviewed with complete anonymity. All applicants will be notified with results by April 21, 2017.
- ◆**The completed application with requested attachments, must be postmarked by or hand-delivered to the Council Scholarship Chairperson by Saturday, March 4<sup>th</sup>, 2017. Failure to have ALL materials postmarked or hand-delivered by Saturday, March 4<sup>th</sup>, 2017 will be cause for rejection of the application.**

Mail or drop off application to: Andrea Burger, Arlington Heights Council of PTAs Scholarship Co-Chair,  
347 S. Carlyle Pl., Arlington Heights, IL 60004 For questions: (847) 951-6788 or andreaburger99@gmail.com



To be completed by student:

Name: \_\_\_\_\_ Student email: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
(Please include zip code)

Home Telephone#: \_\_\_\_\_ Student cell#: \_\_\_\_\_

Current High School: \_\_\_\_\_

Father's Name & Address (if different from student): \_\_\_\_\_  
\_\_\_\_\_

Mother's Name & Address (if different from student): \_\_\_\_\_  
\_\_\_\_\_

Guardian's Name & Address: (If applicable): \_\_\_\_\_  
\_\_\_\_\_

Parent email (please indicate mother or father): \_\_\_\_\_

Enclosure Checklist:

\_\_\_ Application \_\_\_ Official Transcript \_\_\_ Letters of Recommendation \_\_\_ Activities/Honors \_\_\_ Impact Statement  
\_\_\_ Essay



# Arlington Heights Council Achievement Scholarship Submission List

**Please submit the following (All materials should be single sided and unstapled):**

1. **Official High School Transcript** (including 7<sup>th</sup> semester grades)
2. **Letters of Recommendation** (must include 2)  
Possible resources: teacher, counselor, coach, tutor, club sponsor, employer, religious group leader, neighbor.

3. Attach a separate sheet outlining the following items, as applicable. For items a and b, please use the format below.

<u>Activity</u>	<u>Description</u>	<u>Hours/week</u>	<u># of years participated</u>
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**a. Extracurricular Activities at School**

Such as athletics, band, choir, clubs, etc. Please note any offices held.

**b. Activities Outside of School**

Such as jobs, volunteer work, clubs, religious or community involvement, etc.

**c. Honors/Recognition Received**

These may be listed at the bottom of the page using this heading.

At school, at work or through civic activities.

4. **Impact Statement**

On a separate sheet or the same sheet as above, please explain how your involvement in one or several of the activities listed above positively impacted you and/or others whose lives you touched. **(No longer than one page)**

5. **Essay**

Write an essay explaining how being a student in District 25 positively affected your development as a student (academically, socially, emotionally, etc.). How did the experience influence your plans for after high school (college and/or career choices)?

**Do not state your name in the body of the essay. No longer than one page.**

School you plan to attend:

\_\_\_\_\_

Career you plan to prepare for:

\_\_\_\_\_

**Elementary and Middle Schools Attended: (Must include 3 years in District 25):**

\_\_\_\_\_ Grades \_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_ Years \_\_\_\_\_

**High School(s) Attended:**

\_\_\_\_\_ Grades \_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_ Grades \_\_\_\_\_ Years \_\_\_\_\_

Applicant signature: \_\_\_\_\_

The signing of this application will signify acknowledgement that the decision of the Scholarship Committee is final, that your statements are accurate, and it is the intent of the student to pursue and complete a certified course of study. All monies shall be returned to the Arlington Heights Council of PTAs Scholarship Fund, if the student does not attend school within one year, from the awarding of the scholarship.