



SCHOLARS SUPPORT SCHOLARSHIP GUIDELINES

Assistance League of Chicagoland West is an all-volunteer, nonprofit service organization whose mission is to address needs and help transform lives in our local communities. You can learn more about our philanthropic programs at www.alcw.org.

General Information

- Assistance League of Chicagoland West is pleased to offer scholarships of \$1,000 each, to students enrolled in a degree program at the College of DuPage.
- Funds will be submitted for distribution through the College of DuPage Financial Aid Office.
- Funds may be used for tuition, fees, and books.
- Any unused portion of awarded funds will be returned to Assistance League.
- Previous scholarship recipients are eligible for a future award upon submission of a current, complete application.
- Members of Assistance League of Chicagoland West and their relatives are not eligible to apply to this scholarship program.

Eligibility Requirements

- Enrollment in a Degree Program at College of DuPage. Part time as well as full time students are eligible for this scholarship.
- Demonstrate financial need by providing a copy of your FAFSA form. FAFSA will be destroyed after review.
- Have a GPA of 2.75 or higher.
- Completed a minimum of 12 credit hours.
- Enrolled in a minimum of 6 credit hours for the semester that the scholarship is given.
- Live in College of DuPage County District.
- Agree to meet with Assistance League representatives and participate in media coverage related to the scholarship award.

Application Requirements

- Complete in full the Scholars Support Application & Photo Release that follow these Guidelines.
- Attach these three supporting documents to the application:
 1. A copy of your FAFSA form. FAFSA will be destroyed following review.
 2. An unofficial College of DuPage copy of your transcript.
 3. One letter of recommendation from a COD professor with whom you have worked.

Application Process

- Combine the application along with the required supporting documents in a single package. Mail to: Scholars Support, Assistance League of Chicagoland West, 120 E. Ogden Avenue, Suite 100, Hinsdale, IL 60521. **OR** send the complete, single package electronically to scholarship@alcw.org. Incomplete packages will be disregarded.
- Submission deadlines: March 23 for Fall Semester. November 1 for Spring Semester.
- Scholarship recipients will be notified by Assistance League via US mail or email.
- If you have questions, please email Assistance League at scholarship@alcw.org. We will respond as soon as possible.



SCHOLARS SUPPORT SCHOLARSHIP APPLICATION

Personal Information:

Name:

Cell Phone:

Home Phone:

Home Address:

City & Zip:

Personal Email Address:

COD Email Address:

Date of Birth: *(MM/DD/YY)*

Scholarship to be applied to

Semester

Year

Number of Financial Dependents:

Are You Employed?

Yes

No

How Many Hours Do You Work Per Week?

What Is the Nature of Your Job?

Please List Expected Education Expenses & Dollar Amounts for the Semester (Tuition, fees, books, etc):

If You Currently Have Education Loans, Please Indicate Source(s) & Amount(s):

If You Currently Receive Scholarship Funds, Please Indicate Source(s) & Amount(s)



If You Have Received Awards or Honors, Please Tell Us About Them:

List Any Programs or Activities in Which You Have Participated on Campus or in Your Community While Attending College of DuPage:

Academic Information:

In What Degree Program Are You Enrolled?

Credit Hours Required For This Program?

Credit Hours Already Completed for Program

Credit Hours You Are Taking This Semester:

How Many Are in Your Degree Program?

Credit Hours You Intend to Take Next Semester:

How Many in Your Degree Program?

Current GPA:

I am not related to an Assistance League member.

Where did you hear about Assistance League Scholarships? (Check all that apply)

COD Website

Facebook

Twitter

COD Flyer

Friend

Other _____

Please indicate source

Please Complete The Short Essay Questions On The Next Page...



1. Why is this scholarship important to you? (*Please respond in 200 words or less.*)

2. Tell us about something that has influenced your life, for example: a person, an event, a reason to pursue your career. (*Please respond in 200 words or less.*)

Please Complete The Photo Release On The Next Page...



PHOTO RELEASE

Date/Fecha:

I give Assistance League of Chicagoland West permission to publish the photograph of

. This consent to publish includes, but is not limited to, all types of reproduction of above-named person's likeness, including, but not limited to, still and motion pictures, slides, websites, social media sites, DVD and tape recordings (audio and visual) and any other media, whether now known or hereafter devised, an unlimited number of times. I waive any rights of compensation or copyright ownership thereto.

Name of Participant: (please print)

Signature:

Name of Parent/Guardian (please print)
(if applicable)

Parent/Guardian Signature:
(if applicable)

Doy el permiso que Assistance League of Chicagoland West de publicar en la impresión, electrónico, o formato visual la semejanza o la imagen de
Renuncio la cualquier derecha de la propiedad de la remuneración o del derecho de producción.

Nombre del participante (imprima por favor):

Firma:

Nombre del Padre/Guarda (imprima por favor):
(si es aplicable)

Firma del Padre/
Guarda: (si es aplicable)