

Chicago Defender Charities, Inc.  
Bud Billiken® Scholarship Program  
2016-2017

Application Packet

**Scholarship Packet with all required  
documents must be submitted by  
Friday, June 17, 2016.**

Scholarship Coordinator  
Chicago Defender Charities, Inc.  
700 E. Oakwood Blvd.  
Chicago, Il 60653  
773-536-3710

Chicago Defender Charities, Inc.  
Bud Billiken® Scholarship  
Program & Policy  
2016-2017

As part of our ongoing commitment to the advancement of education in the African American community, the Chicago Defender Charities, Inc. is proud to introduce the Chicago Defender Charities, Inc. Bud Billiken® Scholarship Program. This scholarship is designed to encourage students to further their education in an effort to advance the state of the communities in which they live. It is our belief that by investing in the education of our youth today, they will have a greater potential to positively impact their communities in the future.

Each applicant must:

- \*Be a United States Citizen
- \*Resident of Illinois
- \*Possess a minimum cumulative GPA of 2.6/4.0 scale
- \*Be a high school senior graduating this year
- \*Submit a 500 word essay on, “*What is the importance of community service?*”
- \*Demonstrate financial need

All applications must be accompanied by the following documentation:

- \*Most recent grade report/transcript
- \*Two letters of recommendation  
Must include academic and personal (non relative)
- \*Proof of forty hours of community service
- \*Financial Aid Award Letter (FAAL) or Student Award Report (SAR)
- \*Proof of acceptance to a college/university (course schedule/ admission letter).
- \*Proof of financial status/income (most recent tax return / SSI, public aid or unemployment)

Student applications are evaluated based on financial need and academic achievement.

Members and relatives of the following are not allowed to participate in the scholarship program.

1. Employees of the Chicago Defender Charities, Inc.
2. Members of the Board of Directors of the Chicago Defender Charities, Inc.
3. Contractors of and with the Chicago Defender Charities, Inc.
4. Vendors of and with the Chicago Defender Charities, Inc.

Chicago Defender Charities, Inc. Scholarship Program  
Scholarship Application 2016-2017

Please print or type - blue or black pen

**Applicant**

Name\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZipCode\_\_\_\_\_

Home Telephone\_\_\_\_\_ Cell\_\_\_\_\_

Work Telephone\_\_\_\_\_

Email\_\_\_\_\_

Gender \_\_\_Male \_\_\_Female Date of birth \_\_\_/\_\_\_/\_\_\_

United States Citizen\_\_\_yes\_\_\_no Illinois resident \_\_\_yes\_\_\_no

Social Security Number\_\_\_\_\_

**Parent /Guardian Information**

Name of parent(s)/guardian(s)\_\_\_\_\_

Address (if different from above)\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Telephone\_\_\_\_\_ Cell\_\_\_\_\_

Work\_\_\_\_\_

Email\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Telephone\_\_\_\_\_

Number of siblings\_\_\_\_\_ Ages\_\_\_\_\_

## **Education**

Name of high school\_\_\_\_\_

Telephone\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

High School Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

College/University you plan to attend\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_

Year you expect to graduate \_\_\_\_\_

Major\_\_\_\_\_

## **School Courses, Activities and Experiences**

Please attach a typed list of advanced placement, honors courses and internships you have participated in during your high school career.

Please attach a typed list of school and community activities in which you have participated during your high school career, i.e. student government, church groups, honor societies, etc.

Please list your work experience (if any)

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Please list any honors, special recognition or awards you have received within the last two years.

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Your signature confirms that the information provided for this application is true and authorizes the release of your academic and personal information to the Chicago Defender Charities, Inc.

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_

Please note:

All corresponding information must be submitted and/or mailed to:

Chicago Defender Charities, Inc.  
Scholarship Program  
700 E. Oakwood Blvd.  
Chicago, Illinois 60653  
773-536-3710

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Bud Billiken ® Scholarship Program  
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Scholarships are awarded on a yearly basis.

Scholarship recipients are required to continue enrollment and pursuit of an undergraduate college/university degree. At the end of our scholarship year, a recipient may apply to renew their yearly scholarship for the following scholarship year. A scholarship recipient can only be in the program for a maximum of four years. This scholarship is not available to persons pursuing graduate degrees. Recipients must possess a grade point average (GPA) of 2.6 on a 4.0 scale, or higher.

The policy of the Chicago Defender Charities, Inc. is to distribute scholarship funds to the designated college or university to help cover institutional costs. Funds will be distributed in the following manner.

\*The first payment will be distributed upon receipt of the official first semester transcript. This payment will be made between February and April 2017.

\*The second payment will be distributed upon receipt of the official second semester transcript. This payment will be made between June and August 2017.

The student is responsible for submitting all official transcripts or other requested documents to remain in good standing as a scholarship recipient. Students who do not adhere to the requirements of the program will automatically be disqualified from the program and any remaining funds will be forfeited.

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3. Contractors of and with the Chicago Defender Charities, Inc.
4. Vendors of and with the Chicago Defender Charities, Inc.

Decisions of the Chicago Defender Charities, Inc. in regards to the Scholarship Program are final.

Scholarship Program and Policy  
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