

# ILLINOIS LEGISLATIVE BLACK CAUCUS FOUNDATION

## 2011 - Undergraduate Scholarship Application

### Scholarship Eligibility:

#### Foundation Board Members

**Paul Williams**  
Chairman of the Board

**Rep. Esther Golar**  
*House Chairwoman*

**Sen. Toi Hutchinson**  
*Senate Chairwoman*

**Senator Emil Jones III**  
*Senate Secretary*

**Representative Camille Lilly**  
*House Secretary*

**Rep. Karen Yarbrough**  
*Treasurer*

**Representative Will Davis**  
*Joint Chairman*

#### Board of Directors

*Coy Pugh*  
*Shirley Jones*  
*Robin Kelly*  
*Jesse Madison*

Applicants should be an accepted or enrolled student at an accredited institution of higher learning to include community colleges, private institutions and certified vocational training programs.

ILBC Members (and their \*immediate relatives), ILBC employees (and their \*immediate relatives), and ILBC Foundation members (and their \*immediate relatives) are ineligible for the scholarship program.

#### How to Apply:

Contact Ms. Jackie Brown at 217/544-0444. You can also write to the Illinois Legislative Black Caucus Foundation Scholarship Selection Committee, P.O. Box 12104, Springfield, IL 62791 to request an application.

#### All applicants must:

- Be an Illinois resident
- Complete the ILBCF Undergraduate Scholarship Application
- Submit to ILBCF verification of enrollment or letter of acceptance
- Write a personal statement (500 words or less) describing interest and involvement in community and public service, hobbies, special talents, sports and/or school activities etc. The statement should address future academic and professional career plans and may highlight any personal challenge(s) perspective has overcome
- Submit two letters of recommendation from persons other than relatives
- Submit a recent photograph of himself/herself
- Provide proof of voters registration if 18 years of age or older
- Forward the application and **all** supporting materials to the ILBCF Scholarship Selection Committee by May 1 (**no exception**)
- **Any supporting material not submitted along with application will result in applicant being disqualified.**

#### Application Deadline:

All prospective applications for the scholarship must be postmarked by **May 1<sup>ST</sup>** of each year (**no exception**). **Awardee will be notified by mail and given instruction on how to claim award.**



### Submit Applications to:

Illinois Legislative Black Caucus Scholarship Foundation Selection Committee  
P.O. Box 12104, Springfield, IL 62791.

*\*Immediate relatives: mother, father, sister, brother, grandmother, grandfather*

**ILLINOIS LEGISLATIVE BLACK CAUCUS FOUNDATION**  
**Undergraduate Scholarship Application**

Please print. Complete form in detail filling in all appropriate blanks, be as specific as possible.

**PERSONAL DATA:**

Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Permanent Street Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name (if applicable) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name (if applicable) \_\_\_\_\_ Occupation \_\_\_\_\_

*Please tell us how you learned about the ILBC Scholarship* \_\_\_\_\_

**EDUCATION:**

\_\_\_\_\_ Did you graduate? \_\_ Yes \_\_ No  
Name of High School Address

\_\_\_\_\_ Did you graduate? \_\_ Yes \_\_ No  
Name of College Address

\_\_\_\_\_ Did you graduate? \_\_ Yes \_\_ No  
Vocational/Trade Address  
Official Classification (circle one) Pre-Apprentice Apprentice Other

2. List the school you will attend or are attending: \_\_\_\_\_  
School Location

Scholarship recipients must submit proof of admission to an accredited college, university, or trade.

3. List your area of study \_\_\_\_\_

4. Personal Statement (Separate Sheet 500 words or less) describing interest and involvement in community and public service.

**CERTIFICATION:**

I hereby certify that all information in this application is true and accurate.

\_\_\_\_\_  
Applicant Name (print) Date

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

**ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.**