

ELIZABETH AKERMAN MEMORIAL SCHOLARSHIP

This \$500 annual scholarship is for Paris Cooperative High School seniors, ranking in the top 25% of their class, who plan to study at a university. Preference will be given to students interested in **history, English, French, art, or biology**. This scholarship is **non-renewable**.

The criteria for the scholarship will be based on the following:

- ___ 1. Area of study
- ___ 2. GPA
- ___ 3. Class Rank top 25% ___
- ___ 4. Extra curricular activities
- ___ 5. Community activities
- ___ 6. Volunteer activities
- ___ 7. Personal essay

Submissions must be sent to:

Paris Cooperative High School Guidance Office
c/o Cyndi Patrick, Scholarship Coordinator for
the Edgar County Community Foundation, Inc.

For questions regarding this award, call Cyndi Patrick, 217-465-2003

In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed null and void.

ELIZABETH AKERMAN MEMORIAL SCHOLARSHIP

Date _____ Gender _____ Phone _____

Name _____

Address _____

Date of Birth _____ Present Grade in School _____

Please provide the following:

	NAME	OCCUPATION
Father:		
Mother:		

Name of step-mother, step-father, and/or guardian if applies.

How many brothers and sisters do you have? _____

- A. **How many are younger than you?** _____
- B. **How many are older than you?** _____
- C. **How many will be in high school this year?** _____
- D. **How many will be in college or trade school?** _____

University you will be attending: _____

The scholarship will be issued to the institution of higher learning the award winner is attending. The monetary award may be applied to tuition, books, or required fees as directed by the institution.

I hereby apply for the above scholarship and certify that the information in this entire application is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may cause this application to be void and any scholarship received to be rescinded.

Applicant's signature

I certify that the above confidential information is true, complete and correct to the best of my/our knowledge and belief. I understand that any misstatement by the undersigned could cause this application to be void and any scholarship received in reliance on this information will be rescinded. I give permission for the scholarship committee to access my student's school records regarding attendance and discipline.

Applicant's parent or guardian signature

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Office Use Only

Current GPA _____

ACT Score _____ or SAT Score _____

Current Class Rank _____ out of _____

Please attach a current high school transcript including first semester of senior year.

Personal Essay:

In an essay of no more than 300 words, please explain what you plan to study in college and why. Your essay should be typed, double-spaced and attached to the back of this application.

In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed null and void.