2025 SCHOLARSHIP APPLICATION



PERSONAL INFORMATION				
Name:		Date of Birth:		
Email:		Phone:		
Current Address:		•		
City:	State:	Zip Code:		
FAMILY INFORMATION				
Name of Mother:				
Name of Father:				
Siblings (list age):				
Any siblings presently attending college:				
SCHOOL INFORMATION				
High School you will graduate from:				
Expected Graduation Date:				
GPA:	Weighted	d GPA:		
ACT Score	SAT Score:			
COLLEGE INFORMATION				
Planned Field of Study:				
First Choice:				
Location:	<u> </u>			
Have you applied:	Have you	ı been accepted:		
Second Choice:				
Location:				
Have you applied:	Have you	ı been accepted:		
FI	NANCIAL INFORM	MATION		
Please describe how important scholarsh college financial obligations.	nips are for you to at	ttend college and how you plan to meet you		

VOLUNTEER INFORMATION			
Please list all volunteer experience; attach an additional page if necessary.			
EXTRA-CURRICULAR INFORMATION			
Please list any extra-curricular activities you are involved in. This includes school and non-school related			
clubs or groups; attach an additional page if necessary.			
WORK INFORMATION			
Please list any work experience; attach an additional page if necessary.			
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SIGNATURES			
I hereby certify that the above information is true and correct to the best of my knowledge. My signature attests			
to the fact that I am a legal resident of Homer Glen/Homer Township, that I am between the ages of 16 and 22,			
and that I hereby agree, that if awarded this scholarship, I will abide by the rules and regulations set forth by the Homer Glen Junior Woman's Club. Return applications to HGJWC.edu@gmail.com or mail to			
14007 S. Bell Road #259, Homer Glen, IL 60491.			
Unsigned applications will not be considered. All application materials are to be received by March 18, 2025			

Signature of Applicant:	Date:
Signature of Guardian (if under 18):	Date: