

APPLICATION FORM
Michael A. Paras Foundation
CHALLENGE
SCHOLARSHIP

Scholarship applicants must complete this application. Applications will not be accepted unless completed in full and submitted by June 1. Applicant must sign form.

The following items MUST be attached to scholarship form:

1. A completed application
2. Academic transcript or SAT, ACT Scores
3. List of extracurricular activities
4. Personal Statement with descriptions of how you have dealt with your challenge, your achievements and career goals.
5. Two letters of recommendation from College/University Professor or Counselor & Personal Recommendation

Name _____ Phone # _____

Address _____

City and State _____ Zip Code _____

Social Security Number _____ Sex _____ M _____ F _____

Name/Location of High School _____

High School Graduation Date _____ Current GPA _____

College Attending _____

Anticipated College Entry Date _____

Major field, hours and GPA _____

FINANCIAL INFORMATION

Annual Work Income _____

Other Sources of Income _____

OTHER SCHOLARSHIPS

Have you applied for other scholarships?_____If yes, have you been notified of selection for another scholarship(s)?_____If yes, what is the amount of the scholarship(s)?_____

APPLICANTS ACADEMIC BACKGROUND

Please provide the following information:

1. Academic transcript and/or SAT or ACT test results.
2. Extracurricular accomplishments/activities, including any transportation related work.

PERSONAL STATEMENT

Applicants should prepare a brief statement regarding the challenges/disabilities they have dealt with, educational and career goals and transportation activities, and explain why you feel that you should be considered for the scholarship. This statement should be typed and must be included when this application is submitted.

REFERENCES

Please submit two letters of recommendation from individuals who know your academic and/or work product well and/or letters of recommendation from a college professor or counselor.

SUBMISSION OF APPLICATION

APPLICATION DEADLINE IS June 1 OF EACH YEAR

Application should be mailed to:

Michael A. Paras Foundation
Scholarship Committee
PO Box 200
LaFox, IL 60147

ACKNOWLEDGEMENT

Applicant should read and sign the following:

I understand that the Scholarship Committee of the Michael A. Paras Foundation will determine the selection of scholarship recipients.

Applicant

Date