



**Robbins  
Alumni  
Association**

**P. O. BOX 1588 • ROBBINS, ILLINOIS 60472**

## **Robbins Alumni Association Scholarship Application 2022 Scholarship Information**

The attached application for a Robbins Alumni Association Scholarship is for the 2021-2022 academic year only. This covers any period of enrollment as a full-time student in a post high school educational institution between August 1, 2021, to June 30, 2022.

**THE DEADLINE FOR RECEIPT OF THIS APPLICATION IS June 30, 2022.**

### **General information:**

The Robbins Alumni Association is a Non For Profit Organization, organized to provide an opportunity for socializing with fellow alumni and to provide assistance in the educational welfare of deserving students from School District #218 completing their senior year in high school.

The scholarship is not expected to cover the full cost of educational expenses, but is expected to be used as an added source to decrease the overall need for financial assistance

A scholarship, unlike a loan, does not have to be repaid. It is expected that during the 2021-2022 academic year, the award will be at least \$1,000.00.

All applicants must submit a **typewritten** essay, in essay form of 500 words or more on one of the following topics.

1. WHY DO I WANT TO ATTEND COLLEGE?
2. WHAT DO I FEEL I MAY BE ABLE TO OFFER MY COMMUNITY PROFESSIONALLY AFTER I HAVE COMPLETED MY EDUCATION?
3. WHO IS YOUR EDUCATIONAL ROLE MODEL, AND WHY?
4. WHAT ARE YOUR EXPECTATIONS OF COLLEGE LIFE?
5. CHOOSE YOUR OWN TOPIC.

This essay must be submitted with your application by mail or email no later than **June 30, 2022**, see below for addresses.

[robbinsalumniassociation@gmail.com](mailto:robbinsalumniassociation@gmail.com)

**Robbins Alumni Association  
Chairperson, Scholarship Committee  
P. O. Box 1588  
Robbins, IL. 60472**



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**An official copy of your Official High School Transcripts must be forwarded to the above address by June 30, 2022.**

### **Eligibility:**

You will be eligible for a scholarship, if you meet **ALL** the following criteria:

1. You have completed your last semester of high school (senior year) in District #218 by June 30, 2022, with a minimum GPA of 2.5. (Eisenhower, Richards, and Shepard High Schools)
2. You are a resident in District #218.
3. You will be enrolled in an undergraduate course of study.
4. You are a United States citizen or a permanent resident.

### **Award**

All applicants will be notified of the decision of the Scholarship Committee in writing by August 7, 2022.

**To expedite matters, the Robbins Alumni Association Scholarship Committee would highly recommend that all applicants ADHERE TO DEADLINE DATES set forth in the Application and General Information Section.**

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## Robbins Alumni Association Scholarship Application 2022

Applicants Name \_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicants Permanent Mailing Address \_\_\_\_\_

\_\_\_\_\_ Apt.No. \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicants Home Phone No. \_\_\_\_\_ Cell No \_\_\_\_\_

Applicants College or University for 2022-2023 Academic Years:

a. \_\_\_\_\_  
Name of College or University \_\_\_\_\_ City and State \_\_\_\_\_

b. \_\_\_\_\_  
Name of College or University \_\_\_\_\_ City and State \_\_\_\_\_

Applicants Major \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell # \_\_\_\_\_

His Occupation \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell # \_\_\_\_\_

Her Occupation \_\_\_\_\_

Parents Current Marital Status:

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Married \_\_\_\_\_ Separated \_\_\_\_\_ Deceased \_\_\_\_\_

Total Size of Applicants Household:

No. of Brothers \_\_\_\_\_ In High School \_\_\_\_\_ In College \_\_\_\_\_

No. of Sisters \_\_\_\_\_ In High School \_\_\_\_\_ In College \_\_\_\_\_

No. of Others \_\_\_\_\_ (Include Parents Or Guardians)

No. of Family Members in College: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

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## Robbins Alumni Association Scholarship Application 2021-2022

### Certification

I (we) certify that I (we) have read this Application and that it is accurate and complete to the best of my (our) knowledge. I (we) agree to provide, if requested, any documentation necessary to verify information reported on this form. I (we) understand that failure to provide accurate information or requested documentation may result in denial of this scholarship.

Date Application Completed and Returned\_\_\_\_\_

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

Signature of Father\_\_\_\_\_

Signature of Mother\_\_\_\_\_

Signature of Guardian\_\_\_\_\_