

VERL I. BROOKS SCHOLARSHIP FOUNDATION

TRUSTEES

Judy Diemer
Mike Schaubroeck
Tom Bischoff

APPLICATION FOR SCHOLARSHIP 2024- 2025

Applications postmarked after **MARCH 1** not accepted

P. O. Box 967
Galesburg, Illinois 61402
Phone: 309-453-4759

Name _____ Last 4 digits of Social Security # _____
(Last) (First) (Middle)

Home Address _____
(911 Address) (City) (State) (Zip Code)

P. O. Box (if applicable) _____

Your Current Address at School (If not living at home)

(911 Address) (City) (State) (Zip Code)

Did you live in Rivoli Township 2 academic years prior to graduating from Winola High School, or Sherrard High School?

Yes____No____ If No, you do not qualify for this scholarship.

Home address during your last 2 years of high school if different than above.

(911 Address) (City) (State) (Zip Code)

Date of Birth _____ U. S. Citizen? _____ Cell/phone# _____ Email _____

___ Single ___ Married Name of Husband or Wife _____
___ Separated ___ Divorced

Father's Name _____

Permanent Address _____

Mother's Name _____

Permanent Address _____

Name of High School _____ Graduation Year _____

Name and address of school you plan to attend: (one school only)

(School Name) (City) (State) (Zip Code)

Major and/or career goal: _____

Type of school: ___ College or University ___ Community College ___ Nursing School ___ Vocational School ___ Online

Length of program: _____ 4 year _____ 3 year _____ 2 year _____ Other _____
(Specify)

Classification at start of year for which you are applying:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Other _____
(Specify)

Check One: ___ Full time ___ Part time If part time, number of hours attending _____

List All Colleges You Have Attended to Date of Application Dates Degrees/Program

VERL I. BROOKS SCHOLARSHIP FOUNDATION
SCHOOL AND BUDGET INFORMATION FOR THE ACADEMIC YEAR 2024-2025

Name _____

Hours attempted each term	Term #1 _____	Term #2 _____	Term #3(other) _____
Tuition and fees	\$ _____	\$ _____	\$ _____
School housing (if payable to school)	\$ _____	\$ _____	\$ _____
Meal plan (if payable to school)	\$ _____	\$ _____	\$ _____
Books and materials	\$ _____	\$ _____	\$ _____
Total Educational Expenses per term	\$ _____	\$ _____	\$ _____
A. Total EDUCATIONAL Expenses for academic year			\$ _____

Confirmed scholarships/grants for academic year:

Pell Grant \$ _____ MAP Grant \$ _____

Educational Institution Scholarships \$ _____

Other scholarships/grants (specify) _____

B. Total Confirmed scholarships/grants for academic year: \$ _____

Other sources of predicted funds available:

Amount

Loans: Subsidized \$ _____

Loans: Unsubsidized \$ _____

Personal Savings \$ _____

Work/Employment \$ _____

Family Assistance \$ _____

C. Total Sources of Predicted Funds Available: \$ _____

D. Total Funds Available for Academic Year (Add B & C) \$ _____

If Total D is less than Total A, explain how you will pay for your schooling excluding this scholarship.

Total amount of all outstanding educational loans as of March 1 \$ _____

2022 Federal Income Tax Return Adjusted Gross Income (AGI)

Student \$ _____

Parent/Spouse \$ _____

VERL I. BROOKS SCHOLARSHIP FOUNDATION
2024-2025

All applicants: .State your career goals and how you plan to achieve them.

After completing the application, please review the following four items. There should be a check mark on every line.

1. _____ Page 1 - Application for Scholarship
- 2 _____ Page 2 –Completed Budget information including attachment of written proof of expenses
3. _____ Page 3 - Paragraph completed.
4. _____ A copy of your most recent transcript.

Note that if any of the above information is missing, the amount of aid awarded may be reduced.
We suggest you retain a copy of your application for your records.

PLEASE SIGN AND DATE

Your Signature _____

Date _____