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

Home Address (First) (Middle) (Zight Address) (Zight Add	Name .				Last 4 digits	of Social Security # _	
P. O. Box (if applicable)		(Last)	(First)	(1	Middle)	, _	
P. O. Box (if applicable)	Home Addres	(911 Address)		(City)	(9	State)	(Zip Code)
Your Current Address at School (If not living at home) (911 Address) (City) (State) (Zig Did you live in Rivoli Township 2 academic years prior to graduating from Winola High School, or Sherrard High S YesNo 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) (Z Date of Birth U. S. Citizen? Cell/phone# EmailSingleMarried Name of Husband or WifeSeparatedDivorced 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) (Z Major and/or career goal: Type of school: College or University Community College Nursing School Vocational School 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))				(City)	(,	state)	(Zip code)
Oli Address Ciry (State) (Zight of the in Rivoli Township 2 academic years prior to graduating from Winola High School, or Sherrard High Section Yes No. If No. you do not qualify for this scholarship.							
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Home address during your last 2 years of high school if different than above. (Gity) (State) (Z)	Did you live		• •	0	0	School, or Sherrard H	igh School?
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Date of Birth U. S. Citizen? Cell/phone# Email	Home addres	s during your last 2 years	of high school if diffe	erent than abo	ve.		
SingleMarriedDivorced 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)		(911 Address)		(City)	(5	State)	(Zip Code)
SeparatedDivorced 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) (Z Major and/or career goal: Type of school: College or University Community College Nursing School Vocational School Length of program: 4 year 3 year 2 year Other (Specify)) Classification at start of year for which you are applying: (Specify))	Date of Birth	U. S. 0	Citizen? Cel	l/phone#	Email_		
SeparatedDivorced 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) (Z Major and/or career goal: Type of school: College or University Community College Nursing School Vocational School Length of program: 4 year 3 year 2 year Other (Specify)) Classification at start of year for which you are applying: (Specify))	Single	Married	Name of Husband or V	Wife			
Permanent Address	Separated						
Permanent Address	Father's Nam	ie					
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) (Z Major and/or career goal: Type of school: College or University Community College Nursing School Vocational School Length of program: 4 year 3 year 2 year Other (Specify)) Classification at start of year for which you are applying: (Specify))							
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Name of High School Graduation Year Name and address of school you plan to attend: (one school only) (School Name) (City) (State) (Z Major and/or career goal: Type of school: College or University Community College Nursing School Vocational School Length of program: 4 year 3 year 2 year Other (Specify)) Classification at start of year for which you are applying: Sophomore Junior Senior Other (Specify))	Mother's Nar						
Name and address of school you plan to attend: (one school only) (School Name) (City) (State) (Z Major and/or career goal: Type of school:College or UniversityCommunity CollegeNursing SchoolVocational School Length of program:4 year3 year2 yearOther(Specify)) Classification at start of year for which you are applying: FreshmanSophomoreJuniorSeniorOther(Specify))		Permanent Address					
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Major and/or career goal: Type of school:College or UniversityCommunity CollegeNursing SchoolVocational School Length of program:4 year3 year2 yearOther Classification at start of year for which you are applying: FreshmanSophomoreJuniorSeniorOther(Specify))	Name and a	ddress of school you p	lan to attend: (one s	school only)			
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Length of program:4 year3 year2 yearOther	Major and/or	career goal:					
Classification at start of year for which you are applying: Freshman Sophomore Junior Senior Other (Specify))	Type of school	ol:College or Unive	ersityCommunit	y College	Nursing School	Vocational School	Online
Classification at start of year for which you are applying: FreshmanSophomoreJuniorSeniorOther(Specify))	Length of pro	ogram:4 y	ear 3 year	2 year	Othe <u>r</u>		
(Specify))	Classification	at start of year for which	h you are applying:			(Specify))	
(Specify))	Freshm	an Sanhamara	Junior	Senior	Other		
Check One:Full time Part time If part time, number of hours attending						(Specify))	
	Check One:	Full time	Part time If part tin	ne, number of	hours attending		
<u>List All Colleges You Have Attended to Date of Application</u> <u>Dates</u> <u>Dates</u>	List All Colle	ges You Have Attended	to Date of Application		<u>Dates</u>	<u>De</u>	grees/Program

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SCHOOL AND BUDGET INFORMATION FOR THE ACADEMIC YEAR 2024-2025

Name			<u></u>
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 academ	ic year:		
Pell Grant \$ MAP Grant	\$		
Educational Institution Scholarships	\$		
Other scholarships/grants (specify)			
B. Total Confirmed scholarships/grants	for academic yea	r:	\$
Other sources of predicted funds available	:	Amount	
Loans: Subsidized		\$	
Loans: Unsubsidized		\$	
Personal Savings		\$	
Work/Employment		\$	
Family Assistance		\$	
C. Total Sources of Predicted Funds Av	vailable:		\$
D. Total Funds Available for Academic		7)	\$
If Total D is less than Total A, explain h	·		cluding this scholarship.
Total amount of all outstanding educ	cational loans as	of arch 1	\$
2022 Federal Income Tax Return Adj	usted Gross Inco	ome (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 line.	every
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 reducted We suggest you retain a copy of your application for your records.	ed.
PLEASE SIGN AND DATE	
TELASE SIGN AND DATE	
Vour Signature Date	