

VERL I. BROOKS SCHOLARSHIP FOUNDATION

TRUSTEES
Judy Diemer
Mike Schaubroeck

APPLICATION FOR SCHOLARSHIP 2026-2027

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

Applications postmarked after APRIL 1 not accepted

Name _____ Social Security # _____
(Last) (First) (Middle) (Required)

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

P. O. Box (if applicable) _____

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

Yes _____ No _____ (If NO, you do not qualify for this scholarship.) Graduation Year _____

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 _____
(Required) (Required)

Father's name and address _____

Mother's name and address _____

Name and address of school you plan to attend for the 2026-2027 school year. (One school only.) **If this changes notify us immediately.**

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

Major and/or career goal: _____

Check the class you will be in for the 2026-2027 school year:

_____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

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

Indicate length of program _____ Major and/or career goals _____

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

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SCHOOL AND BUDGET INFORMATION FOR THE ACADEMIC YEAR 2026-2027

Hours attempted each term	Term #1 _____	Term #2 _____
Tuition and fees	\$ _____	\$ _____
School housing and/or meal plan	\$ _____	\$ _____
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:

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.

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2026-2027

Transcript: If you are a high school senior submit your 7-semester high school transcript with your application. If you are currently in college, submit your most recent college transcript.

Student Aid Index (SAI): We require a copy of a page showing what your SAI is from the FAFSA (Free Application for Federal Student Aid). The SAI is a calculated amount that FAFSA provides. This amount can be obtained from the FAFSA Submission Summary which you receive after you complete the FAFSA application.

Please include any information or extenuating circumstances you would like the Scholarship Committee to know here.

2024 Federal Income Tax Return Adjusted Gross Income (AGI)

Student \$ _____

Parent/Spouse \$ _____

Total amount of all outstanding educational loans as of April 1, 2026. \$ _____

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

1. _____ Application for Scholarship
2. _____ Completed budget information **including attachment of written proof of expenses.**
3. _____ Most recent transcript
4. _____ SAI from FAFSA Summary

We suggest you retain a copy of your application for your records.

PLEASE SIGN AND DATE

Your Signature _____

Date _____