

VERL I. BROOKS SCHOLARSHIP FOUNDATION

TRUSTEES:
Judy Diemer
Mike Schaubroeck
Tom Bischoff

APPLICATION FOR SCHOLARSHIP 2025-2026

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

*Applications postmarked after **APRIL 1** not accepted*

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

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

P.O.Box (if applicable) _____

Did you live in Rivoli Township two 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 two years of high school (if different than above)
_____ (911 Address) (City) (State) (Zip Code)

Date of Birth _____ US Citizen? _____ Cell/phone # _____ Email _____

Father's name and address _____

Mother's name and address _____

Name of High School _____
Graduation Year _____

Name and address of school you plan to attend for the 2025-2026 school year (*one school only*); **if this changes notify us immediately**
_____ (School Name) (City) (State) (Zip Code)

Check the class you will be in for the 2025-2026 school year:
Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

Check **one**: _____ Full Time _____ Part Time (*if part time, indicate the number of hours attending*) _____

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

List all colleges you have attended to date of application	Date	Degree/Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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SCHOOL AND BUDGET INFORMATION FOR THE ACADEMIC YEAR 2025-2026

Name _____

Hours attempted each term	Term #1	Term #2	Term #3
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 and 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 April 1 \$ _____

2023 Federal Income Tax Return Adjusted Gross Income (AGI) Student \$ _____

Parent/Spouse \$ _____

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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 _____