City of Berwyn
Dollars for
SCHOLARS®

SCHOLARSHIP PROGRAM FOR FALL OF 2013

City of Berwyn
Dollars for
SCHOLARS.

Thomas J. Pavlik, Chairman
Joseph Kroc, Treasurer
James Swicionis, Member

Ricardo Sanchez, Member
Carlos Berrout, Member
Jeffrey Janda, Member
Doug Walega, Member

Dear Berwyn Resident:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to post secondary education and who satisfy other criteria developed by the City of Berwyn Scholarship Foundation of America (CBDS).

Complete your sections of this application no later than **June 24, 2013** and forward the application to the City Clerk's Office of the City of Berwyn located at 6700 W. 26th Street, Berwyn, Illinois 60402.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. CBDS and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline.

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of chapter official _____ State _____

Name of Chapter _____

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. ☐
Mrs. ☐

Name (Last) (First) (Initial) Social Security No. (Optional)

Permanent Address (Street) (City) (State) (Zip)

( )

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian:

Permanent mailing address of parent/ guardian if different from applicant:

(Street) (City) (State) (Zip)

(Telephone Number)

PERSONAL DATA (* must accompany application)

Describe your work experience during the past 4 years. Indicate the dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date from (mo/yr)	Date to (mo/yr)	Hours/week	Amount earned

List all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	No. of years participated	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

*** Please describe in 500 words or less what Berwyn means to you. Please attach a separate sheet.**

SCHOOL DATA

High School Attended: _____ (Graduation Date month, year): _____

Address: _____ Telephone Number _____

Name of High School Principal: _____

Name of postsecondary school for which applicant's scholarship is requested:

_____ 4-yr. College/University

_____ Community College

_____ Vo-Tech/Other

_____ Accredited? ____ Yes ____ No

Address: _____
(street) (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: _____ live on campus _____ Live off campus_____ commute

Enrolled: _____ less than half-time _____ half-time or more _____ full-time

Anticipated date of graduation from postsecondary program (month, year): _____

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of award	Amount	Granted	Pending

APPLICANT APPRAISAL

To be completed by a highschool or college teacher or administrator or advisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to appliacnt or photocopy this section and return to applicant in a sealed envelope.

(Please circle one)

1. The applicant's choice of postsecondary education program is:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

2. The applicant's achievements reflect his/her ability:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

3. The applicant's ability to set realistic and attainable goals is:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

4. The quality of the appplicant's commitment to school and community is:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

5. The applicant is able to seek, find and use learning resources:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

6. The applicant demonstrates curiosity and initiative:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

7. The applicant demonstrates good problem-solving skills, follows through and completes tasks.

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

8. The applicant's respect for self and others is:

Extremely Appropriate	Very Appropriate	Moderately Appropriate	Not Appropriate

Comments _____

_____

_____

_____

Appraiser's Signature Date Telephone Number

Dollars for SCHOLARS®

A Program of Scholarship America®

SUGGESTED PARENT CONTRIBUTION QUESTIONNAIRE (SPCQ)©
for 2013-2014 school year

Chapter Name _____

*See reverse side for instructions to assist in completing this form

A. STUDENT INFORMATION – please print

☐Mr. ☐Ms. **STUDENT** Last Name: _____ First Name: _____ MI: ___

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____)_____ Email Address: _____

Note: The SPCQ should be completed using the parent's financial information (Section B)

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2012 TO DECEMBER 31, 2012)
The applicant's parent(s) must complete the following section. NOTE: If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

☐ Estimates based on current income information to be filed by April 15, 2013

☐ A completed tax return - IRS Form 1040 filing date of April 15, 2013

1. State of Residence ..... _____
2. Adjusted gross income (IRS Form 1040 – Line 37) ..... $ _____
3. Total federal tax paid (IRS Form 1040 – Line 61) ..... $ _____
4. Total income of father or self if independent student ..... $ _____

   Total income of mother ..... $ _____
5. Yearly untaxed income and benefits: Please indicate source - ☐ Social Security ☐ AFDC
   ☐ Child Support ☐ Other _____ ..... $ _____
6. Medical/Dental expenses not paid by insurance (exclude premiums) ..... $ _____
7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k), 403(b), etc.) ..... $ _____
8. Total number of family members living in the household and primarily supported by the reported income ..... # _____
9. Marital status of parent/legal guardian or independent student's current marital status is (check one):
   ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
10. Total number of family members attending a postsecondary school at least half-time during the 2013-2014 school year, including applicant – do **not** include parents in this number ..... # _____

C. CERTIFICATION AND SIGNATURES

CERTIFICATION: All information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of Scholarship America, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2011 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked; the student may not receive aid.

_____
Applicant's Signature

_____
Parent's Signature ☐ Father ☐ Mother
(Not required for independent student)

Do you have legal custody of the student? ☐ Yes ☐ No

Is the student your dependent? ☐ Yes ☐ No

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INSTRUCTIONS FOR COMPLETING THE SUGGESTED PARENT CONTRIBUTION QUESTIONNAIRE (SPCQ)

A. STUDENT INFORMATION: The scholarship applicant's name should appear on the first line on the SPCQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her (and spouse, if any) financial information.

B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2013. Be sure to check the appropriate box.

1. **State of Residence** is the state where the parent(s)/independent student reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the students resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Suggested Parent Contribution Questionnaires may be submitted by the student** (make copy of form as necessary).
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Total Number of Family Members Attending Postsecondary School** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number; however, do **not** include parents even if they are attending school.

C. CERTIFICATION AND SIGNATURES: Both the student and the parent completing the SPCQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America® in writing.

TRANSCRIPT INFORMATION

1. High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

2. Students currently enrolled in college or vocational-technical school must include recent college or votech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average ____/4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Standard English _____ Math _____

_____

School Official's Signature Date Title Telephone Number

_____

School Address (Street) (City) (State) (Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials:

1. Application
2. Proof of Residency
3. Current Transcript of Grades
4. Essay
5. Financial Assistance Questionnaire