



2023 CRCA Foundation Scholarship Application Instructions



The CRCA Foundation will grant two (2) \$5,000 renewable scholarships to graduating high school seniors who plan to attend a four-year accredited college or university in the Fall of 2023. The objective of these scholarship awards is to assist college/university-bound students in obtaining a quality education.

ELIGIBILITY REQUIREMENTS – All Scholarship Candidates MUST:

- Be a high school senior
- Have an ACT composite score of 30 or greater, or SAT composite score of 1390 or greater
- Be a US citizen residing in Cook or other Chicagoland area counties
- In process of or having provisional acceptance as a full-time student into undergraduate degree program(s) from a four-year accredited college/university in Engineering, Architecture, Business or Liberal Arts/Sciences.

ENTRY REQUIREMENTS – The following items are required from each candidate:

Feel free to check off/date each requirement in the space provided once it is complete; this will reduce the likelihood of documents being submitted in duplicate or missed altogether.

_____ The completed and signed 3-page application form

_____ Two (2) completed, signed Personal Evaluation forms, each with a corresponding one (1) page, SIGNED Letter of Recommendation.

- One should come from a high school faculty member/guidance counselor
- The second from a non-related adult outside the high school faculty

No other recommendations will be considered.

_____ Official Transcript of the candidate’s high school records.

_____ Official ACT or SAT test score results. (These can come directly from ACT/SAT or can be included in the high school transcript or on a printout/photocopy of the score.

Must include the student’s name. If a photocopy, have guidance counselor sign or provide a separate letter to authenticate the document.)

PLEASE NOTE:

- All four (4) requirements **MUST** be complete and included for consideration
- It is **HIGHLY** recommended that all required information be submitted together if at all possible.
- It is **HIGHLY** recommended that all digital documents submitted include the name of the student and the document contents in the file name. EX: ‘Wilson, Jack_scholarship app’; ‘Sam Smith_SAT score’, etc.
- It is the ultimate responsibility of the applicant to ensure that all required information is submitted to and received by the Foundation in a timely fashion (not ACT, the guidance counselor, or others!)
- **DEADLINE FOR RECEIPT: MARCH 10, 2023**

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AWARDS

- The CRCA Foundation will award two (2) \$5,000 scholarships yearly. The scholarship funding will be sent directly to the Bursar of the college/university where the student will do their undergraduate studies.
- The scholarship can be renewed a maximum of 3 times if a 2.75 GPA (in a 4.0 system) is met.
- For scholarship renewal, recipients are required to provide grade transcripts following the spring term each year that cover that academic year.
- All scholarship awards will be announced at an official CRCA Foundation function in June.

JUDGING

The CRCA Foundation has the sole authority for granting these scholarship awards. Recipients are selected on the basis of academic performance, faculty recommendation, extracurricular activities, employment experience, and a demonstrated interest in a productive career in one of the specified fields of study.

Although the intent of the CRCA Foundation is to recognize the outstanding nominee(s), should two or more candidates rank equally in the judgment of the Foundation Selection Committee, the student's level of need will then be considered as the final criterion.

Applicants may be asked to attend a virtual interview session prior to final selection.

All selections are considered final. All applications and attachments become the property of the Foundation.

TO SUBMIT APPLICATION

By mail:

(must be postmarked by **MARCH 10, 2023**)

CRCA Foundation
4415 W. Harrison St., Ste 540
Hillside, IL 60162

By email:

(must be received by **MARCH 10, 2023**) to

CRCAScholarship@gmail.com

Must include student name in the email subject line.

It is the ultimate responsibility of the applicant to ensure that all required information is submitted to and received by the Foundation in a timely fashion (not ACT, the guidance counselor, or others!)



APPLICANT: Please complete ALL sections of this application. Type or print using black or blue ink. Use N/A if question does not apply. Appearance and completeness WILL BE CONSIDERED during evaluation.

I. APPLICANT

- A. Name: Last First Middle
B. Address: Number/Street City ST Zip
C. High School Currently Attending: County:
D. High School Address/City/St/Zip:
E. Date of Graduation: / 2023
F. Applicant's Email : Main Phone: ()
G. Parents Email: Main Phone: ()
H. Applicant's Date of Birth: / / Parents or Legal Guardians' Names:

II. FINANCIAL INFORMATION (MUST BE COMPLETED)

- A. Father's Occupation: Current Employer: Salary Range: 0-50,000 51,000-100,000 101,000-150,000 >150,000
B. Mother's Occupation: 2. Current Employer: Salary Range: 0-50,000 51,000-100,000 101,000-150,000 >150,000
C. Brothers and sisters in your family: Older than you Younger than you
D. Including yourself, how many of your immediate family members will be in college next year:
E. Complete the following estimate of college costs and revenues. Please estimated costs based on assumption that the student is accepted at their top choice of college/university.

Tuition: \$
Room & Board, Books, Expenses, Etc. \$

Table with 5 columns: Estimated Revenue, 1st yr., 2nd yr., 3rd yr., 4th yr. Rows include Parent Contribution, Applicant's Earnings, Loans, Grants, Scholarships Received to Date, and Total.

- G. In what program do you expect to get your degree?



H. <u>University</u>	<u>Applied</u>	<u>Accepted</u>	<u>Pending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. ACADEMIC INFORMATION

A. Send an official transcript and provide GPA based on courses completed to date for the high school you are presently attending. Transfer Student - Provide a complete transcript from the previously attended schools in addition to grades from present school.

1. Weighted GPA _____ on _____ scale, as of _____ Month/Year
2. Unweighted GPA _____ on _____ scale, as of _____ Month/Year
3. Official ACT results (either directly from ACT or included on high school transcript or a photocopy of official ACT score, accompanied by a letter of authenticity from high school guidance counselor.)

ACT _____ or SAT _____

IV. EXTRA-CURRICULAR INFORMATION

In what extracurricular activities have you participated while attending high school? Indicate purpose of organization, any elected offices held, Year of school participating, etc. Limit activities to space provided.

A. Student activities: _____

B. Community activities (Scouts, etc.): _____

C. Athletics (school & other): _____

D. Awards: _____

V. EMPLOYMENT INFORMATION (In order of Oldest to Most Recent)

Name/City	Type of Business	Date From / To	Average Hrs. worked per week



VI. PERSONAL

A. Summarize Long Term Career Goals:

B. What Is One Adjective That Best Describes You and Why?

C. What Do You Perceive as your Strongest Attribute and Why?

I agree that the application and all attachments may be used for the purpose of evaluation and selection by the CRCA Foundation Scholarship Committee. I also state that all information enclosed is true and correct to the best of my knowledge. False information is cause for disqualification.

Signed:

Student: _____ Date: ____/____/____

Parent or Guardian: _____ Date: ____/____/____

SUBMIT APPLICATION TO CRCA FOUNDATION via:

Mail: CRCA Foundation, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked by March 10, 2023.
Email to CRCAScholarship@gmail.com with receipt **by March 10, 2023**. All sections must be completed in order for application to be considered. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript, and ACT/SAT score). It is the applicant's ultimate responsibility that all information is received by CRCA...not ACT, the guidance counselor, other high school staff or others!

**TO BE COMPLETED BY:
H.S. FACULTY MEMBER
OR H.S. STAFF**



Date: ____/____/____

PERSONAL EVALUATION SHEET 1

Name of Student _____
Last First Middle

The above student has applied for a scholarship from the CRCA Foundation and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA Foundation office at 708-449-3340.

Please complete this form (type or print using black ink). The completed form may be returned to the Foundation via: **Mail:** CRCA Foundation, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 10, 2023**, **Fax** (708-449-0837) or **Email** (CRCAScholarship@gmail.com, please include student name in subject line). Fax and Email receipt **by March 10, 2023**. All sections must be completed in order for application to be considered. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator _____ Signature _____

High School _____

Address _____ Phone _____

How long have you known applicant? _____

Describe the nature of your contact with the applicant

LETTER OF RECOMMENDATION GUIDELINES

Please submit a one (1) page **SIGNED** letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

- Cooperation
- Industriousness
- Initiative
- Leadership

Be sure to include any other thoughts or examples of why you believe this student should be awarded the CRCA Foundation Scholarship.

**TO BE COMPLETED BY: ADULT,
NON-RELATED EVALUATOR
OTHER THAN SCHOOL FACULTY**



Date: ___/___/___

PERSONAL EVALUATION SHEET 2

Name of Student _____
Last First Middle

The above student has applied for a scholarship from the CRCA Foundation and has given your name as a reference. Your evaluation is important in considering this application; please explain your comments fully. Use reverse side for additional remarks. All comments will only be used for evaluation purposes. If you have any questions, please call the CRCA Foundation office at 708-449-3340.

Please complete this form (type or print using black ink). The completed form may be returned to the Foundation via: **Mail:** CRCA Foundation , 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 10, 2023**, **Fax** (708-449-0837) or **Email** (CRCA scholarship@gmail.com, please include student name in subject line). Fax and Email receipt **by March 10, 2023**. All sections must be completed in order for application to be considered. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator _____ Signature _____

Employer _____

Address _____ Phone _____

How long have you known applicant? _____

Describe the nature of your contact with the applicant

LETTER OF RECOMMENDATION GUIDELINES

Please submit a one (1) page **SIGNED** letter of recommendation for this student. In your recommendation, please elaborate on the student's traits including:

- Cooperation
- Initiative
- Industriousness
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