



Schaumburg Township Elementary School Foundation

524 E. Schaumburg Road ♦ Schaumburg, IL 60194 ♦ (847) 352-0652

Schaumburg Township Elementary School Foundation Memorial Scholarship Grant 2010

Dear Parents/Guardians,

The Foundation proudly offers memorial scholarship grants for students, which are funded, in part, through contributions received in honor of individuals who have passed away.

This grant will be offered to the children of School District 54 to cultivate an academic, cultural, and/or athletic interest to enrich student educational opportunities.

Children from families in need or facing extenuating financial circumstances will be given first preference.

The Schaumburg Township Elementary School Foundation Board Grant Committee will administer allotted funds via approved grant applications.

Application procedures are as follows:

1. Memorial scholarship grants will be limited to a maximum of **\$150** per recipient. (Additional costs/fees associated with the requested program will be considered separately on an individual basis.)
2. Applications must be **postmarked by Friday, March 19, 2010**.
3. Memorial scholarship grants will be awarded for programs/activities occurring in late spring or summer 2010.
4. Any available documentation describing program of interest should be attached to application.
5. Applications must be completed by the student in order to be considered and signed by parent or guardian.
6. Grant applications will be reviewed by April 16, 2010.
7. All applicants will be notified by April 30, 2010.
8. Scholarship grants are not awarded for school field trips.
9. Proof of enrollment forms will be sent to each grant recipient. Arrangements can be made for registration fees to be sent directly to the agency providing the program.
10. All grant recipients will be presented with award certificates at their respective school prior to the end of this school year.

Questions may be directed to Foundation Manager Sophia Grassa at (847) 352-0652.

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Application Form

Student's Name _____
Street Address _____
City, State, ZIP _____
Home Telephone _____
School Attending _____
Grade/Teacher's Name _____

To be completed by student:

Name of Specific Course/Program: _____

Name of Provider/Company: _____

Cost of course/program: \$ _____

Please itemize program expenses, tuition, fees & incidentals: _____

Purpose & Need:

"I am interested in _____ because

_____"

Please attach any available documentation describing program of interest.

Parent/Guardian (please print)

Signature

Mail applications to: **Schaumburg Township Elementary School Foundation**
524 E. Schaumburg Road
Schaumburg, IL 60194

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