AH	IJWC 2024 SCHOLARSI	HIP APPLICATION	
PERSONAL INFORMATION			
Name:	2 200 200 200 200		
Date of birth:	Email:	Phone:	
Current address:	1 2	1 2 2	
City:	State: IL	ZIP Code:	
	If so, where and for how many hours	a week?	
	FAMILY INFORM	ATION	
Name of Mother:			
Name of Father:			
Brothers and Sisters (list ages):			
Are any siblings presently attend	ing college:		
	SCHOOL INFORM	ATION	
High School you will graduate fro	om:	Date of graduation:	
Address:		Phone:	
G.P.A:		Weighted G.P.A:	
Number in graduating class:		Rank in class:	
Are there any other schools you	attended 9 th through 12 th grade:		
	COLLEGE INFORM	IATION	
What college or university do you	ı plan to enroll at:		
First choice:		Location:	
Second choice:		Location:	
Have you applied?		Been accepted?	
PLEASE LIST	ANY SCHOOL RELATED EXTRA-CU	RRICULAR ACTIVITIES OR HONORS	

PLEASE LIST ANY NON-SCHOOL EXTRA-CURRICULAR ACTIVITIES				
PLEASE DESCRIBE THE VOLUNTEER ACTIVITIES YOU HAVE PARTICIPAT	ED IN DURING HIGH SCHOOL			
PLEASE ATTACH AN ESSAY USING NO MORE THAN 500 WORDS DESCRIBING WHY YOU HAVE VOLUNTEERED YOUR TIME AND WHAT HAS BEEN YOUR MOST MEANINGFUL VOLUNTEER ACTIVITY (APPLICATIONS WILL NOT BE CONSIDERED WITHOUT AN ESSAY)				
DEADLINE IS FRIDAY, May 24th, 2024 - BE SURE TO INCLUDE YOUR OFFICIAL SCHOOL TRANSCRIPT -Send to: ahjwc.board@gmail.com SUBMIT COMPLETED APPLICATION TO JESSICA CAMP AT SCHOLARSHIP.AHJWC@GMAIL.COM				
SIGNATURES				
I hereby certify that the above information is true and correct to the best of my knowledge. My signature (typed name) attests to the fact that I am a legal resident of Arlington Heights, that I am between the ages of 16 and 22, and that I hereby agree that if awarded this scholarship, I will abide by the rules and regulations set forth by the Arlington Heights Junior Woman's Club.				
Signature of applicant:	Date:			
Signature of guardian if under the age of 18:	Date:			