

Illinois Association of County Clerks and Recorders

2024 SCHOLARSHIP – APPLICANT’S GENERAL INFORMATION FORM

Applicant’s Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

High School Attended: _____ Date Graduated: _____ GPA: _____

School Address: _____ City: _____ State: _____ Zip: _____

College or University Attending (If Currently enrolled): _____

College or University You Plan to Attend: _____

Have You Been Accepted: _____ Degree/Field In Which You Plan to Major: _____

What Is Your Current Preferred Career Choices(s): _____

Have You Ever Applied for A scholarship From IACCR: _____

List any Other Scholarship(s) You Are a candidate for (Scholastic, Athletic, Work, etc.): _____

Signature of Applicant

Sponsor’s Name: _____ Title: _____

(Member Sponsor must be current with his/her dues)

Relationship to Applicant: _____

Have you ever applied for a scholarship for this student or for any other member of your family? _____

If yes, did the applicant receive a scholarship from this Association? If yes, give details: _____

State reasons why you think the applicant merits consideration to receive the scholarship from our Association: If necessary, you may attach additional documentation.

Signature of Sponsor