

# IACO SCHOLARSHIP APPLICATION 2012

During the 2009 Summer Board Meeting, the IACO Executive Board voted to add an additional \$1,000 scholarship based on the best essay submitted describing what the applicant has learned about public service from his or her sponsor. Applicants who did not receive an IACO Scholarship this year based on the regular selection criteria will be eligible for the essay scholarship.

IACO will award **two \$1,000** Scholarships for a four year college for the Fall of 2012 and, **two \$500** Scholarships for a two year college for the Fall of 2012. Additionally, **one \$1,000** Scholarship for Fall 2012 will be awarded for the best essay of all remaining applicants.

**Eligibility Criteria:** High School Graduate by June of Scholarship Year. Only family members (Child or Grandchild) of elected or appointed Illinois County Officials (currently employe or retired) that are active dues paying members of the IACO.

**Application Deadline:** March 30, 2012

**Application Form:** Complete the Application Form  
The sponsor is the active dues paying member of the Illinois Assn. of County Officials. *(Either currently employed or retired). This may be either a parent or grandparent of the applicant.*

**Attachment I:** **Applicant's statement** ~ Describe in 500 words or less how this scholarship would help you to achieve your goals

**Attachment II:** **A resume**, including an Official Transcript of grades, GPA, major award, organizations and activities, and at least one letter of support from a teacher or principal

**Attachment III:** **A wallet size photograph**

**Return to:** Mark A. Von Nida, Scholarship Chair  
Madison County Clerk  
157 N. Main Street - Suite 109  
P.O. Box 218  
Edwardsville, IL 62025  
Office Phone: 618-692-6290

**Application  
Deadline:**

**March 30, 2012**

**The Criteria for Selection shall be based on the following:**

- a. Scholastic ability
- b. Need
- c. Leadership and activity

Special Instructions regarding need: In the space provided on the application briefly included any circumstances which may be considered such as other children in college, medical costs, etc.

# ILLINOIS ASSOCIATION OF COUNTY OFFICIALS SCHOLARSHIP APPLICATION

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Date Graduated (or expect to graduate): \_\_\_\_\_ GPA: \_\_\_\_\_ GP Scale: (4.0 or 5.0)

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

2-Year  4-Year school. Have you been accepted? \_\_\_\_\_

Degree or course in which you plan to major: \_\_\_\_\_

What is your current career choice? \_\_\_\_\_

Have you ever applied for a scholarship from IACO?  Yes  No

List any other scholarships for which you are a candidate : \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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## **This section is to be completed by the Parent or Grandparent who is a member of IACO.**

Sponsor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

*(Sponsor must be a current IACO Member, current with his/her dues)*

County: \_\_\_\_\_ Affiliate Organization: \_\_\_\_\_

*(Member sponsor must be current with his/her dues)*

Relationship to Applicant: \_\_\_\_\_

State reasons why you think the applicant merits consideration to receive a scholarship from IACO. If necessary, you may attach additional documentation. \_\_\_\_\_

\_\_\_\_\_

Have you ever applied for an IACO scholarship for this or any other family member?  Yes  No

If yes, did the applicant receive a scholarship from IACO? (Give details): \_\_\_\_\_

List any circumstances regarding need which should be considered: \_\_\_\_\_

\_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_