CFS 438 Rev 2/2012

State of Illinois Department of Children and Family Services

SCHOLARSHIP PROGRAM STUDENT APPLICATION Youth Must Complete Application

Date of Application			
Name _		Age	Date of Birth
(Last)	(First)	(Middle)	Date of Birth
Address			Soc. Sec. No
(Number) (S	Street)	(Apt. No.)	
(0:4-)	(54-4-)		Phone/
(City)	(State)	(Zip Cod	
DCFS Case ID Number (If applicable)		Adopted:	Yes: Year No
(11 applicable)	Subsidized Guar	dianship/KinGap:	Yes: Year No
Is either of your parents	a veteran of the US Arn	ned Forces?	Yes No
DCFS Caseworker (If ap	oplicable)		_ Phone
Region	Field Off	ice	
Private Agency Casewo	rker (If applicable)		
Phone/			
	ensure the following N		EMS are included. All documents or from different sources.
Scholarship Applicat	tion (CFS 438); Includin	ng Typed Personal E	ssay
☐ Documentation of le	gal relationship with the	Department	
Social Security Num	ber		
ACT/SAT Test Scor	e Report		
High School Transcr	ript or GED Test Score F	Report	
College Transcript (i	f attending college)		
☐ Three Letters of Refe	erence		
It is recommended that t	he application be typed.		

Applications must be POST MARKED by March 31st. ALL ITEMS LISTED ABOVE MUST BE INCLUDED FOR THE PACKET to be eligible for consideration. Mail the complete packet to: DCFS Scholarship Program, 406 E. Monroe, Station #22, Springfield, IL 62701.

ACADEMIC HISTORY

Graduation date
Grade point average out of point system
Class rank out of
Currently attending college?
Have you made application to any school or organization for a scholarship? Yes No If yes, list the name and address of the school(s) and/or organization(s) you have applied to.
Have you been awarded a scholarship? Yes No If yes, list the name and address of the school or organization that has awarded you the scholarship.
What is the cash value of the scholarship? \$
The scholarship will be used for: Tuition Fees Living Expenses
Other (please identify)
List and explain any employment and/or volunteer experiences you have had.

If you receive a DCFS scholar scholarship. Use the categories li						
Savings	\$		_			
Assistance (Parents)			_			
Assistance (Organizations)			_			
Summer earnings	_		_			
Other			_			
Total	\$		_			
List the colleges and/or universiti	es that y	you have ap	_	and identif le One)	y the status of yo	our application:
			`	Accepted	Not Accepted	No Response
				Accepted	Not Accepted	No Response
				Accepted	Not Accepted	No Response
				Accepted	Not Accepted	No Response
What academic area do you plan	to majo	r in (e.g. ch	nemistry,	mathemati	cs, English, etc.))?
List any honors or special recogni	itions th	nat you have	e earned	or received	l and explain.	

List and explain any high school activities and/or college activities that you have participated in (e.g., clubs, sports, student council, etc.).
Attach a typed, personal essay explaining why you want to attend college and why you should receive a DCFS scholarship. The essay should emphasize the perseverance to excel, obstacles you have overcome in order to do so, and how you will use this scholarship to its fullest benefit to successfully earn a post secondary degree.
YOU ARE REQUIRED TO SUBMIT THREE RECOMMENDATIONS WITH YOUR APPLICATION.
Persons that you should consider asking to write you a letter recommendation include your teachers; counselor and employer. They should be individuals who know you and can write about your personal character and strengths. The letters of recommendation should be addressed to the DCFS Scholarship Committee and provide a brief description of your personal strengths, academic abilities and/or work performance.
Student Signature:
Date:

NOTE: Please review the APPLICATION CHECKLIST on page 1 to ensure you are including ALL required documents/information. ALL INFORMATION MUST BE INCLUDED IN ORDER TO BE ELIGIBLE FOR CONSIDERATION.