

**DISTRICT OFFICE:**  
427 Sheridan Road  
Highwood, Illinois 60040  
847-433-9100  
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255-S Stratton Building  
Springfield, Illinois 62706  
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**KAREN MAY**  
State Representative  
58<sup>TH</sup> District

**CHAIRMAN**  
Environmental Health

**COMMITTEES**  
Education Policy & Accountability  
Electric Utility Oversight  
Environment & Energy  
Healthcare Availability & Access  
Mass Transit  
Renewable Energy

GENERAL ASSEMBLY SCHOLARSHIP APPLICATION 2010-2011

TYPE OR PRINT

DEADLINE FOR SUBMISSIONS: April 9, 2010

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_

High School \_\_\_\_\_ GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

School attending Fall 2010 \_\_\_\_\_ Campus \_\_\_\_\_

If you are in college: School attending (if different than above) \_\_\_\_\_

Year in school: \_\_\_\_\_ GPA \_\_\_\_\_ Year Graduated HS \_\_\_\_\_

If you are in Graduate School, any field (i.e., law, medical )

Undergraduate school: \_\_\_\_\_ GPA \_\_\_\_\_

List school, age and year in school of all siblings in college: \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Position \_\_\_\_\_

If in a single parent household, please provide name and occupation of non-custodial parent: \_\_\_\_\_

Do you receive assistance from a non-custodial parent? \_\_\_\_\_

Are you registered to vote: \_\_\_\_\_ yes \_\_\_\_\_ no

**1. FINANCIAL INFORMATION:**

Please provide copies of student and parents 1040 tax returns for tax year 2009, pages 1 and 2. Please note that this necessitates having the return prepared PRIOR to the IRS deadline to file the application on time. If you are a dependent on someone else's tax return, please provide that information.

**Please also complete and attach the ACT Financial Need Estimator worksheet, found at [www.act.org](http://www.act.org)).**

Family gross income (check one): Less than \$25,000 \_\_\_\_\_ \$25-\$50,000 \_\_\_\_\_ \$50-100,000 \_\_\_\_\_ \$100-150,000 \_\_\_\_\_ Over \$150,000 \_\_\_\_\_

You are strongly encouraged to file a Free Application for Federal Student Aid (FAFSA) as part of this application process. You may file FAFSA online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or get a copy from your guidance counselor or from ISAC( 800-899-4722).

Have you filed a FAFSA: (check one)

\_\_\_\_\_ YES date when filed \_\_\_\_\_ \_\_\_ No but I plan to \_\_\_\_\_ No I do not plan to file

The office of State Rep. Karen May may request information pertaining to your financial need, as determined by your submission of the Free Application for Federal Student Aid, from the Illinois Student Assistance Commission (ISAC). Such information will only be used by this office in determining eligibility for the Legislative District 58 General Assembly Scholarship and will remain confidential. Please sign below to authorize our use of FAFSA information:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature (unless you are an independent student) \_\_\_\_\_ Date \_\_\_\_\_

:  
**2. SCHOLARSHIP: HAVE ALL OFFICAL TRANSCRIPTS SENT DIRECTLY TO THE LEGISLATIVE OFFICE!**

Please list any scholarships or aid you have applied for or have received for this year and any in the past. This **specifically** includes any General Assembly scholarships that you have received in prior years.

**3. COMMUNITY SERVICE/EXTRACURRICULAR ACTIVITIES/WORK**

Please list applicable community service, work experience, offices, honors and awards

**4. HOW DO YOU PLAN TO CONTRIBUTE TO THE COSTS OF YOUR EDUCATION?**

**5. ESSAY ON EDUCATIONAL GOALS**

Please write a personal statement stating your educational and career goals and need for the scholarship (about 500 words).

I, \_\_\_\_\_ affirm that the above information is true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**All of the following documents must be received by 4 pm on Friday, April 9, 2010 for the application to be complete:**

- Completed scholarship application including essay
- All Official High School transcripts and, if in college, all college transcripts, sent directly to the District Office
- Letter of acceptance from the college you will attending (high school students and incoming graduate students)
- Three letters of recommendation (teachers, counselors, employers, etc.) sent by mail directly from the writer to the District Office in original sealed envelope. Please be sure to make your requests early!
- Copy of 2009 1040 tax returns for your parents, and you if applicable, p 1-2 only. **Note that this means the return needs to be completed earlier than the IRS filing deadline**
- Copy of ACT Financial Need Estimator summary
- Copy of your voter ID card (if 18 and eligible to vote)

RETURN ALL MATERIALS TO  
Scholarship Committee,  
Office of State Rep. Karen May  
427 Sheridan Road  
Highwood, IL 60040

DEADLINE FOR SUBMISSION OF ALL INFORMATION and all completed applications:  
4 PM APRIL 9, 2010. If you have any concerns as to whether information has been  
received that is not in y our control, please call the office early that week.