

State of Illinois  
Department of Children and Family Services  
**SCHOLARSHIP PROGRAM STUDENT APPLICATION**  
**Youth Must Complete Application**

**Applications must be POST MARKED by March 31<sup>st</sup>.**  
**All required items must be included for the packet to be eligible for consideration.**  
**Mail the complete packet to:**  
**DCFS Scholarship Program, 406 E. Monroe, Station #23, Springfield, IL 62701.**

**It is recommended that the application be typed.**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Race: \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_  
(Number) (Street) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

DCFS Case ID Number \_\_\_\_\_ Adopted:  Yes: Year \_\_\_\_  No  
Subsidized Guardianship/KinGap:  Yes: Year \_\_\_\_  No

DCFS Caseworker (If applicable) \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Private Agency Caseworker (If applicable) \_\_\_\_\_

Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Is either of your parents a veteran of the US Armed Forces?  Yes  No



**If you receive a DCFS scholarship you will be expected to meet expenses not covered by the scholarship.** Use the categories listed below to explain your plan for meeting those expenses.

Savings	\$ _____
Assistance (Parents)	_____
Assistance (Organizations)	_____
Summer earnings	_____
Other	_____
Total	\$ _____

**List the colleges and/or universities that you have applied to and the status of your application:**

(Circle One)

_____	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 major in (e.g. chemistry, mathematics, English, etc.)?**

\_\_\_\_\_

**List and explain any employment and/or volunteer experiences you have had.**

Dates Employed or Volunteered

Employer or Volunteer Organization

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Attach a typed, personal essay explaining why you want to attend college and why YOU should receive a DCFS scholarship. The essay should emphasize your 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 FROM NON-RELATIVES WITH YOUR APPLICATION.**

Persons that you should consider asking to write you a letter of 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:** \_\_\_\_\_

**APPLICANT CHECKLIST**

**Before mailing please ensure the following MANDATORY ITEMS are included. All documents must be sent in together, do not send as separate pieces or from different sources.**

- Scholarship Application (CFS 438); Including Typed Personal Essay
- Documentation of legal relationship with the Department
- ACT/SAT Test Score Report
- High School Transcript or GED Test Score Report
- College Transcript (if attending college)
- Three Letters of Reference from non-relatives
- Applicant Signature