



# Illinois Food Retailers Association Scholarship Program

**Mail By April 1 to:**  
Illinois Food Retailers Association  
Scholarship Program  
1919 S. Highland Avenue, #265-D  
Lombard, IL 60148

**All applicants must complete steps 1-3: College Students must also complete step 4.**

1. Complete this Application Page and the Activities Page.
2. Obtain a copy of your high school record, which includes at least seven semesters of grades and all standardized test scores. **This does not have to be an official transcript.** If your ACT and/or SAT scores do not appear on your record, attach a copy of the scores as received from the College Board and/or ACT.
3. Mail your completed scholarship application by the **April 1** postmark deadline to the address indicated above.

**Attention College Students:**

4. You must *also* submit current official transcripts of your grades from each college you have attended. **A high school record is needed regardless of the applicant's year in college.**

**Student Information:**

Name: First \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**High School Information:**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**College Information:**

College class level in fall (circle one):    1 - Freshman    2 - Sophomore    3 - Junior    4 - Senior

In the fall I plan to attend \_\_\_\_\_  
(Please write the full name of the college; no initials.)

at \_\_\_\_\_, with a Major in \_\_\_\_\_  
(Address/City/State)

**Eligible Employee Information:** The person checked below is the employee of an IFRA member firm

My Father    My Mother    My Stepparent    My Legal Guardian    Myself    Both parent and self

Employer \_\_\_\_\_

Employee Work Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Business phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Hire Date: \_\_\_\_\_

# hours worked per week: \_\_\_\_\_

If Parent is eligible employee: Parent Name: \_\_\_\_\_

**ACTIVITIES**

List activities in which you have participated (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). Indicate each academic year involved in each activity as follows: 1-High School Freshman, 2-High School Sophomore, 3-High School Junior, 4-High School Senior, 5-College Freshman, 6-College Sophomore, 7-College Junior. Please define any acronyms.

Activity Description	Highest Position Held	Years Involved	Hours per Week

**COMMUNITY SERVICE**

List community agencies or organizations in which you have participated WITHOUT PAY during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Indicate the total amount of hours in the past three years. Please define any acronyms.

Volunteer Activities

**WORK EXPERIENCE**

List work experience for last three jobs you have held. Indicate the number of years spent on the job and an approximate number of hours worked each week.

Employer	Position	To – From Dates	Hours (average per week)

**APPLICATION CHECK LIST**

You may use the following checklist to ensure the application process is complete.

**All of the following documents must be received by the Foundation office in order to be considered complete. Incomplete applications will not be considered.**

- Application and Activities form.
- High School Record Request Form.
- Copies of ACT and/or SAT scores (documented on high school record or on score report).
- College transcript(s) (for college students only).
- I understand these documents may be scanned and agree not to staple, paper clip or otherwise attach documents together.

**CERTIFICATION**

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship competition.

I understand it is my responsibility to make sure this application is completed and submitted by the required postmark deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the postmark deadline, I may be disqualified from the scholarship competition and may not be considered for a scholarship.

This application, upon receipt, becomes the property of the Illinois Food Retailers Association Education Foundation and of Dr. L. Paul Sands & Associates.

**To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information, if necessary.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If the student is under 18 years old)



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SCHOLARSHIP PROGRAM

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**HIGH SCHOOL RECORD REQUEST FORM**

**All applicants must complete steps 1-3:**

1. Complete the student information section below.
2. Mail or submit this form to your high school guidance office.
3. Have this form and attached record postmarked by April 1. Notify Guidance Counselor of postmark deadline.

**Note: A high school record is needed regardless of the applicant's year in college.**

**Student Information:**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_  
 Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_ Apartment \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission for school officials to release my secondary school record and other requested information.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
 (if student is under 18)

**Guidance Counselor: This student is applying for a scholarship. Please complete steps 1-4:**

1. Attach a copy of the student's high school record, which includes seven semesters of grades and scores from the College Board and/or ACT.
2. Fill in the boxes below with the requested information.
3. Sign certification statement below.
4. Mail this form and attached record to address above, or return this form and attached record to the student for mailing by the **April 1** postmark deadline.

I certify that all the information on this form is correct, and that the student's record is attached.

Counselor's Signature \_\_\_\_\_  
 Office Phone Number \_\_\_\_\_ Office Fax Number \_\_\_\_\_

High School GPA	Class Rank	Class Size	ACT-Composite	SAT-Verbal	SAT-Math	SAT-Essay