
PHCC ILLINOIS AUXILIARY SCHOLARSHIP APPLICATION ~2023~

Applicant Name: _____ Birth Date _____

Mailing Address: _____ City _____ State _____ Zip _____

Parents or Guardian's Full Name: _____

Phone Number: _____ E-mail _____

NAME AND ADDRESS WHERE CHECK SHOULD BE SENT:

Name _____

Address _____ City _____ State _____ Zip _____

NAME OF SPONSORING AUXILIARY MEMBER: (Sponsor **cannot** be a parent, guardian or spouse.)

Name _____

Address _____ City _____ State _____ Zip _____ Phone _____

Signature _____

SCHOLASTIC DATA:

High School Attended: _____

Year of Graduation: _____ Rank/Number in Class: _____ CUM GPA: _____

Principal's Name: _____

Name of College Attending & Career Plans: _____

Dean or Advisor's Name: _____

INSTRUCTIONS FOR APPLYING FOR SCHOLARSHIP:

Application must be complete with the items listed below for consideration. Please read Scholarship Rules.

1. Completed application above
2. Small photo stapled to application
3. Three letters of recommendation as follows:
 - A. One letter of recommendation from sponsoring Auxiliary member who is not a parent, guardian, or spouse
 - B. Two letters of personal recommendation from people not related to applicant
4. Personal letter: State request and list your high school and college extra-curricular activities.
5. Original copy of high school and college transcripts. These can be sent under separate cover. **High school transcript is required** for all graduates from 2006 to current.

I hereby certify that the above is true and accurate.

Applicant's signature: _____ Date _____

Parent, Guardian or Spouse Signature: _____

GOOD LUCK!

DEADLINE TO BE CONSIDERED FOR THE SCHOLARSHIP IS MAY 26, 2023