



# Paul J. Schaffhausen Memorial Scholarships Community Application

## APPLICATION DEADLINE: APRIL 15, 2020

Applicants must be a high school senior attending public or private schools residing in Friendship Senior Options' key markets boundaries of school districts: U-46, D94, D101, D108, D211, D214, D302, D303 and D304. Applicant must be pursuing a degree, licensure or certificate at a college or university in the fall and be able to demonstrate a 3.0 grade point average on a 4.0 scale. Applicant may receive a one-time scholarship for \$1,000 made payable to the applicant's school.

### SECTION ONE: Signed Commitment

**This application was completed with integrity and is accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION TWO: Applicant Home Information

**Applicant Name:** \_\_\_\_\_

First

Middle Initial

Last

**Home Address:** \_\_\_\_\_

Street

City, State

Zip Code

**Telephone:** (     ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Month

Day

Year

### SECTION THREE: Academic Information, Recognition and Honors

**High School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Cumulative Grade Point Average:** \_\_\_\_\_

Unweighted (4.0 grade scale)

Weighted (5.0 grade scale as appropriate)

**SAT Score:** \_\_\_\_\_

Composite

**ACT Score:** \_\_\_\_\_

Composite

**Date of Graduation:** \_\_\_\_\_

Month

Day

Year

**Section Three: Academic – Continued**

**Recognition and Honors**

For the remainder of this application, if additional space is needed to complete your response, you may continue on additional sheets of paper.

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( ) \_\_\_\_\_

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( ) \_\_\_\_\_

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( ) \_\_\_\_\_

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( ) \_\_\_\_\_

**SECTION FOUR: Extra-Curricular Activities, Community Service, Work Information and Recognition & Honors (time outside of school core hours)**

For the remainder of this application, if additional space is needed to complete your response, you may continue on additional sheets of paper.

**Activity / Service**

**Employer Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Month / Year Month / Year

**Key Responsibilities / Duties:** \_\_\_\_\_

**Advisor / Supervisor Name:** \_\_\_\_\_ **Advisor / Supervisor Phone Number:** ( ) \_\_\_\_\_

**Activity / Service**

**Employer Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Month / Year Month / Year

**Key Responsibilities / Duties:** \_\_\_\_\_

**Advisor / Supervisor Name:** \_\_\_\_\_ **Advisor / Supervisor Phone Number:** ( ) \_\_\_\_\_

**Activity / Service**

**Employer Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Month / Year Month / Year

**Key Responsibilities / Duties:** \_\_\_\_\_

**Advisor / Supervisor Name:** \_\_\_\_\_ **Advisor / Supervisor Phone Number:** ( ) \_\_\_\_\_

**Activity / Service**

**Employer Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
Month / Year Month / Year

**Key Responsibilities / Duties:** \_\_\_\_\_

**Advisor / Supervisor Name:** \_\_\_\_\_ **Advisor / Supervisor Phone Number:** ( ) \_\_\_\_\_

**SECTION FOUR: After School – Continued:**

**Recognition & Honors**

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( )

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( )

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( )

**Award Name**  
**Brief Description:** \_\_\_\_\_

**Participation From:** \_\_\_\_\_ **Participation To:** \_\_\_\_\_  
Month / Year Month / Year

**Most Significant Contribution:** \_\_\_\_\_  
\_\_\_\_\_

**Advisor Name:** \_\_\_\_\_ **Advisor Phone Number:** ( )

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## SECTION FIVE: Post-Secondary School Information

Please name the college or university you plan to attend this fall. If unknown, please list in order of preference the schools to which you have applied. **Do not use abbreviations. Please use the official school names.**

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College / University Name	City, State
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College / University Name	City, State
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College / University Name	City, State
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Intended Major:

## SECTION SIX: Essay Questions

Please **TYPE** your essay response to one of the following questions and include it with your application. Answers must be 350 words or less.

1. How have seniors impacted your life? What have you learned about yourself and about seniors?
2. Reflecting on your intended field of study, how do you see your major impacting seniors in the future?

## SECTION SEVEN: Recommendation Letter Demonstrating One or More of our Core Values.

Friendship Senior Options champions six Core Values, faith, integrity, community, service, stewardship, and growth. The recommendation letter should reflect the applicant's commitment to one or more of these six traits. A recommendation letter cannot be from a family member. **We strongly recommend you provide the person you request your recommendation with the attached Recommendation Letter Request that includes the FSO Core Values we hope our scholarship winners have achieved. It may also be helpful for you to include a stamped envelope addressed directly to the Foundation to ensure all required materials are provided to us by the April 15, 2020 deadline.**

**This application, applicants essay response, a high school transcript directly from the school and a recommendation letter mailed directly to the Foundation must be postmarked by April 15, 2020.**

**MAIL**

**Friendship Senior Options Community Scholarship**  
Friendship Senior Options Foundation  
350 West Schaumburg Road  
Schaumburg, Illinois 60194

**-OR-**

**Email**

**Online submissions must be emailed with all supporting materials no later than: April 15, 2020 at 5:00pm Central Time to: [Foundation@myFSO.org](mailto:Foundation@myFSO.org)**

**Questions / Concerns can be directed to:** the Foundation Office at 847-884-5700 or contact our Development Coordinator, Ann Barrie at 847-884-5164 | email [Ann.Barrie@myFSO.org](mailto:Ann.Barrie@myFSO.org)

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## **Recommendation Letter Request**

Dear Recommendation Provider,

Friendship Senior Options champions six Core Values, faith, integrity, community, service, stewardship, and growth. Your recommendation letter should reflect the applicant's commitment to one or more of these six traits.

Please Note: A recommendation letter cannot be from a family member.

Please ensure your recommendation is **postmarked no later than April 15, 2020** directly to:

### **Friendship Senior Options Community Scholarship**

Friendship Senior Options Foundation

350 West Schaumburg Road

Schaumburg, Illinois 60194

Or send an emailed directly to:

**[Foundation@myFSO.org](mailto:Foundation@myFSO.org)**

**No later than April 15, 2020 at 5:00pm Central Time**

Should you have any questions, please feel free to call the Foundation Office at 847-884-5700 or Ann Barrie, Development Coordinator at 847-884-5164.

Thank you for taking the time to help this young person move forward in their educational and career endeavors.

Friendship Senior Options Foundation

<https://friendshipsenioroptions.org/foundation>

For more information on the Paul J. Schaffhausen Memorial Scholarship go to this internet site:

<https://friendshipsenioroptions.org/foundation/scholarships>