



Paul J. Schaffhausen Memorial Scholarships Associate Application

APPLICATION DEADLINE: APRIL 15, 2020

Applicants must be a high school senior that is an associate of Friendship Senior Options or the child of a Friendship Senior Options associate in good standing for more than 12 months. 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	
Print Associate Name	Associate Department Name	Associate Hire Month / Year

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:	ACT Score:	
Composite	Composite	
Date of Graduation:		
Month	Day	Year

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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:** () _____

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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: _____ Month / Year	End Date: _____ Month / Year
Key Responsibilities / Duties: _____	

Advisor / Supervisor Name: _____	Advisor/Supervisor Phone Number: ()
Activity / Service	
Employer Name: _____	Position Title: _____
Start Date: _____ Month / Year	End Date: _____ Month / Year
Key Responsibilities / Duties: _____	

Advisor / Supervisor Name: _____	Advisor / Supervisor Phone Number: ()
Activity / Service	
Employer Name: _____	Position Title: _____
Start Date: _____ Month / Year	End Date: _____ Month / Year
Key Responsibilities / Duties: _____	

Advisor / Supervisor Name: _____	Advisor / Supervisor Phone Number: ()
Activity / Service	
Employer Name: _____	Position Title: _____
Start Date: _____ Month / Year	End Date: _____ 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: _____
Month / Year

Participation To: _____
Month / Year

Most Significant Contribution: _____

Advisor Name:

Advisor Phone Number: ()

Award Name

Brief Description: _____

Participation From: _____
Month / Year

Participation To: _____
Month / Year

Most Significant Contribution: _____

Advisor Name:

Advisor Phone Number: ()

Award Name

Brief Description: _____

Participation From: _____
Month / Year

Participation To: _____
Month / Year

Most Significant Contribution: _____

Advisor Name:

Advisor Phone Number: ()

Award Name

Brief Description: _____

Participation From: _____
Month / Year

Participation To: _____
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.**

College / University Name

City, State

College / University Name

City, State

College / University Name

City, State

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

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



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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

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://friendshipseioroptions.org/foundation>

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

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