



Paul J. Schaffhausen Memorial Scholarships Community Application

APPLICATION DEADLINE: APRIL 15, 2021

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: () | Post HS 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 |

SECTION THREE (continued): Academic Information, Recognition and Honors

For the remainder of this application, if additional space is needed to complete your response, you may include additional pages of information after this page.

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).

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 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. Essay 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, 2021 deadline.

Candidates are required to provide: (1) Application, (2) Essay response, (3) high school transcript mailed or emailed directly from the school registrar and (4) a recommendation letter mailed or emailed. All information must be received by the Foundation no later than April 15, 2021.

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, 2021 at 5:00pm Central Time
to: Foundation@myFSO.org



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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

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 emailed no later than 5:00 PM CST April 15, 2021 or mailed in a timely way so we receive it by 4/15/2021 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, 2021 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>