

SOUTH HOLLAND BUSINESS ASSOCIATION FOUNDATION SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

1.	Full Name:		
2.	Home Address:		
3.	Campus Address:		
4.	Home Phone: ()	5.	Campus Phone: ()
6.	Cell Phone: ()	7.	Date of Birth:
8.	How did you hear about the SHBA Four	ndation Schola	rship?
FAI	MILY INFORMATION Parent/Guardian 1		Parent/Guardian 2
9.	Name:		
10.	Occupation:		
11.	Employer:		
	Member of SHBA?	Mem	ber of SHBA?
(Co	GH SCHOOL INFORMATION mplete this section only if you're a curr o has completed a minimum of 24 credi		, high school senior, or a college student
12.	Elementary or High School(s) attended:		
13.	Contact Name of Principal or Teacher: _		
14.	Date of Graduation:	_ 15.	ACT Composite Score:
16.	Grade Point Average:	17.	SAT Composite Score:
18.	Class Rank:	In Class of	students

COLLEGE INFORMATION

19.	Name of College/University Currently Attending:						
	Address:						
20. Co	ourse of Study:						
21.#	of Hours Completed:		22. C	umulative	e Grade Point Avg.: _	/	
23. Aı	nticipated Date of Gra	aduation	ı:				
24. W	hat are your Objectiv	es and	Goals?				
25. Li	st Scholarships receiv	ved with	nin the last 3 year	ars:			
	Date Applied Sci		nool Year \$ Am		nount Received		
EMP	LOYMENT HISTO	RY					
(Com _j	plete this section only	y if you	have graduated	l from hig	th school within the l	last 4 years.)	
	ave you been employ llege years? If so, lis					chool or	
Dates	Job Title/T	<u>vpe</u>	Employer		Hours per Week		

from hig	gh school and/or college:
28. Please li	st any additional information you believe is relevant to your scholarship
applicati	on:
Kindly arrang	ge to have your elementary school (8th graders), high school (graduating Seniors) or
•	ripts (college students who have completed a minimum of 24 credit hours) sent
directly to the	South Holland Business Association Foundation prior to October 31, 2024.
SIGNATUR	E & CONSENT
I agree to pro- of all details i	blow, I confirm that the information provided is true and accurate to the best of my knowled vide any further information requested by the SHBA Foundation and authorize the verifical neluded in this application. I also understand that I am eligible for a maximum of three SH strictly for undergraduate education.

COMPLETED APPLICATIONS AND TRANSCRIPTS (INCLUDING FINAL TRANSCRIPT FOR SPRING 2024) MUST BE SUBMITTED BY Tuesday, October 31, 2024 at 11:59pm

Submit via email to: info@shba.org
OR
Mail to:
South Holland Business Association Foundation
P.O. Box 334
South Holland, Illinois 60473