

THE CHARLES E. LINDWEDEL & MARY C. LINDWEDEL SCHOLARSHIP

The Charles E. & Mary C. Lindwedel Foundation was established for the purpose of providing scholarships for deserving graduates of Chester Community Unit School District #139 who wish to attend a post high school institution of education and pursue studies in any medical field. At least one \$2,500.00 scholarship will be awarded.

This completed application will only be accepted at the Chester High School Student Services Office.
Applications will not be accepted after the deadline of April 1.

Criteria

1. The candidate must be a graduating senior of Chester High School or a recent graduate of Chester High School.
2. The scholarship will be awarded on basis of character, academic and scholastic achievement, personality, industry and ambition.
3. Financial need may be taken into consideration but will be a secondary factor in awarding of the scholarship.
4. The scholarship will be awarded to a student attending any technical, vocational or other post high school institution, college or university pursuing studies in any medical field.
5. Selection of recipient will be made without regard to race, religion, creed, national origin or gender.
6. Applicant must complete the application in its entirety and submit it with the required documents by stated deadline.

Required Documents

1. Application and statements must be typewritten and signed in all instances
2. Official high school transcript, including 1st semester of senior year, with ACT score
3. Official college transcript (*if applicable*)
4. Two letters of recommendation from classroom teachers, employer, clinical supervisor, coach or other non-family member

Please consider this application for the Charles E. Lindwedel and Mary C. Lindwedel Scholarship. The applicant meets the stated criteria for the award and has attached the required documentation.

General Information

Student's Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

College Choice (may list multiple)

*If you are currently attending college **full time** indicate where you are attending in this section.*

School _____

City, State, Zip Code _____

Telephone Number _____

College Major _____

Proposed Career/College Major _____

Are you a full-time college student Yes _____ No _____

ACT composite score: _____

Student's Cumulative High School Grade Point Average (GPA) _____ / 4.0

Student's Cumulative *College GPA* (if applicable) _____ / 4.0

Extracurricular Activities, Honors & Awards (attach extra pages if necessary)

Sports, Organizations and Clubs (*List years of involvement and indicate any office held*)

Honors and Awards

Community Involvement and Other Activities *(include clinical experience here)*

Work Activities

Are you employed? Yes _____ No _____

If yes, who is your employer and how many hours per week do you work?

Personal Statement

Please introduce yourself to the scholarship committee. Provide examples of your character, personality, personal achievements, and ambitions.

Financial Information

Have you filed the Free Application for Federal Student Aid (FAFSA)?

Yes _____ No _____

If you have filed your FAFSA, please attach a copy of your Expected Family Contribution (EFC).

List *every* scholarship, monetary award, or tuition assistance that you have applied for or have been awarded. Please distinguish between those applied for and those received.

Student's Signature

Date