

c. **Work Experience:** _____

5. **Name of colleges, universities or vocational programs applying to or accepted at:** _____

6. **What curriculum are you planning to study?** _____

FINANCIAL INFORMATION * (one parent must work for a Local 11 Contractor)

1. **Father's Occupation:** _____ **Current Employer:** _____

Salary Range: 0-50,000 _____ 51,000-100,000 _____ 101,000 and up _____

2. **Mother's Occupation:** _____ **Current Employer:** _____

Salary Range: 0-50,000 _____ 51,000-100,000 _____ 101,000 and up _____

3. **Number of siblings living at home** _____

4. **Including yourself, how many of your immediate family members will be enrolled in college next year:** _____

5. **Estimate your costs for next year in the following categories:**

Tuition \$ _____ per year

Room & Board \$ _____ per year

Books \$ _____ per year

Other \$ _____ per year

ADDITIONAL INFORMATON

1. In the space below, state why you feel you **need** the CRC scholarship assistance; answer in detail; print clearly. (You may use additional paper if needed)

2. In the space below, discuss why you feel you **deserve** the CRC scholarship, including your past accomplishments /future aspirations; answer in detail; print clearly. (You may use additional paper if needed)

3. **What are your three strongest attributes?** _____

I agree that this application may be used by the Chicagoland Roofing Council Scholarship Committee or any representative designated by the committee for evaluating and selecting recipients of scholarship awards. I attest that all information stated on this application is true and correct to the best of my knowledge and that I am an eligible dependent of either a union roofing contractor, a contractor's office personnel or a member of Chicago Roofers Local #11.

(Signature of Applicant)

_____/_____/_____
(Date)

***Recipient must be dependent of a Local 11 Contractor, Staff or a Local 11 Member**

SUBMIT APPLICATION TO THE CRCA FOUNDATION via:

- **Mail:** Chicagoland Roofing Council, 4415 W. Harrison St., Ste. 540, Hillside, IL 60162, postmarked **by March 4, 2022**,
- **Email:** ScholarshipCRC@gmail.com, (please include student name in subject line). Fax and Email receipt **by March 4, 2022**. All sections must be completed in order for application to be considered. It is *recommended* to send all information together (3 pg. application, 2 evaluations, transcript and ACT score) but not required. It is the applicant's ultimate responsibility that all information is received by CRCA...not ACT, the guidance counselor, other high school staff or others!



CHICAGOLAND ROOFING COUNCIL
 4415 W. Harrison St. Suite 540
 Hillside, Illinois 60162
 Ph: 708-449-5266 ~ Fax: 708-449-0837



EVALUATION SHEET

To be completed by a High School Administrator or Faculty Member

Name of Student: _____
First Middle Last

Your name has been given as a reference by the above student, who has applied for a scholarship from the Chicagoland Roofing Council. Your evaluation is necessary in the consideration of this application. Please complete this form (type or print using black ink). Return the completed form via **Mail:** Chicagoland Roofing Council, 4415 W. Harrison St., Suite 540, Hillside, IL 60162, postmarked by March 4, 2022 or **Email:** ScholarshipCRC@gmail.com (include student's name in subject line), or **included with rest of application** completed and sent by the applicant. Must be received by **March 4, 2022**. The applicant is ultimately considered responsible for submission of all required paperwork.

Name of Evaluator: _____

Employer _____ Position _____

How long have you known applicant? _____

What is the nature and frequency of your contact with the applicant? _____

Using a check mark, please rate each characteristic listed below. Use the reverse side of this form if you would like to make any additional comments about the applicant.

<u>Characteristic</u>	<u>Below Average</u>	<u>Above Average</u>	<u>Superior</u>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your opinion of the applicant's ability to succeed in higher education? **Low** **Medium** **High**

Give three words that describe the applicant: _____

 (Signature)

(_____) _____
 (Telephone)