

State of Illinois  
Department of Children and Family Services  
**2021 SCHOLARSHIP PROGRAM STUDENT APPLICATION**

**Applicants must meet eligibility requirements and submit a complete application packet on or before March 31, 2021 to be considered for the DCFS Scholarship Program.**

**Application packets may be emailed to:**

**[dcfs.officeofeducationandtransitionservices@illinois.gov](mailto:dcfs.officeofeducationandtransitionservices@illinois.gov)**

**Or mailed to: DCFS Scholarship Program, 406 E. Monroe, Station #23, Springfield, IL 62701**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Race: \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_  
(Number) (Street) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

DCFS Case ID Number \_\_\_\_\_ Adopted:  Yes: Year \_\_\_\_  No

Subsidized Guardianship/KinGap:  Yes: Year \_\_\_\_  No

Caseworker (If applicable) \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Do you have a parent who is a veteran of the US Armed Forces?  
 Yes  No

**ACADEMIC HISTORY**

High School Graduation or GED Date \_\_\_\_\_

Grade point average \_\_\_\_\_ out of \_\_\_\_\_ point system

Class rank # \_\_\_\_\_ out of \_\_\_\_\_

Currently Enrolled in College?  Yes  No

Grade point average \_\_\_\_\_ out of \_\_\_\_\_ point system



List and explain any employment and/or volunteer experiences.

| <u>Dates Employed or Volunteered</u> | <u>Employer or Volunteer Organization</u> |
|--------------------------------------|---|
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |

**If you receive a DCFS scholarship you will need to meet expenses not covered by the scholarship.**  
Use the categories listed below to explain your plan for meeting those expenses.

|                            |          |
|----------------------------|----------|
| Savings                    | \$ _____ |
| Assistance (Parents)       | _____    |
| Assistance (Organizations) | _____    |
| Summer earnings            | _____    |
| Other                      | _____    |
| Total                      | \$ _____ |

**List the colleges and/or universities to which you have applied and mark the current status of each application:**

| <b>College or University:</b> | <b>Status:</b>   |
|-------------------------------|--|
| _____                         | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Pending |
| _____                         | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Pending |
| _____                         | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Pending |
| _____                         | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Pending |

**In what academic area do you plan to major (e.g. chemistry, mathematics, English, etc.)?**

\_\_\_\_\_

**Attach a typed, personal essay explaining why you want to attend college and why YOU should receive a DCFS scholarship. The essay should emphasize your perseverance to excel, obstacles you have overcome in order to do so, and how you will use this scholarship to its fullest benefit to successfully earn a post-secondary degree.**

**YOU ARE REQUIRED TO SUBMIT THREE RECOMMENDATIONS FROM NON-RELATIVES WITH YOUR APPLICATION.**

Persons that you should consider asking to write you a letter of recommendation include your teachers, counselor and employer. They should be individuals who know you and can write about your personal character and strengths. The letters of recommendation should be addressed to the DCFS Scholarship Committee and provide a brief description of your personal strengths, academic abilities, and/or work performance.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANT CHECKLIST**

**Before submitting your application, please ensure the following MANDATORY ITEMS are included. All documents must be sent in together; do not send as separate pieces or from different sources. DCFS will verify that you are eligible to apply for a Scholarship.**

- Scholarship Application (CFS 438-2021) Including Typed Personal Essay
- High School Transcript or GED Test Score Report
- College Transcript (if attending college)
- Three Letters of Reference from non-relatives
- Applicant Signature