



**ILLINOIS
CORRECTIONAL EMPLOYEES
MEMORIAL ASSOCIATION**

Scholarship Program Application

This application may be typed or printed clearly in blue ink.
Complete all of the blanks applicable to you in the form below.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	/	/	Male <input type="checkbox"/> Female <input type="checkbox"/>
Who in your family is an ICEMA member?			
If you have a member in your family who is a memorial hero please list his/her name and your relationship		Name	Relationship

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College Attended or College you plan on Attending		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Still enrolled <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

ELIGIBILITY
1. Members and/or dependent children (as defined under IRS regulations).
2. One year continuous good standing membership as of scholarship postmark date.
3. Acceptance into an accredited college, university, community college, or technical or trade school at the time of the award, and must be a full-time student.
4. Awards must be used for the following school year.
5. Applications must be postmarked by the deadline in the Application Instructions , in order to be considered.
6. ICEMA will not be able to advise applicants as to the status of their applications.

COLLEGE

If awarded, funds should be sent to: *(failure to complete this section will invalidate your application)*

College:

Address:

City, State, Zip:

Attention:

SAT OR ACT SCORES - scholarship recipients may be required to verify test scores prior to receipt of awards.

SAT score

ACT score

SCHOOLS TO WHICH YOU HAVE APPLIED

First Choice:

Location:

Second Choice:

Location:

Third Choice:

Location:

EMPLOYMENT/AWARDS/ACTIVITIES

Please provide information on any employment you have held. Attach additional sheets if needed.

Please provide information on any special honors or awards you have received.

Please provide information on extracurricular or outside activities (clubs, sports, or volunteer work) in which you have participated.

MEMBERSHIP VERIFICATION FORM

This form must be completed by the applicant together with the application in order to qualify for a scholarship.

Name of Scholarship Applicant:

I _____ verify that I have been a member in good standing of **ICEMA** since: _____
(Name of member) (Date)

Signature of ICEMA member

Date

APPLICATIONS MUST BE POSTMARKED BY THE DEADLINE

Mail to:

ICEMA

P.O. Box 5417

Springfield, IL 62705-5417

CERTIFICATION

I understand, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I may be required to submit my acceptance to or enrollment in an accredited college, community college, university or recognized trade school. Further, I understand that official verification will be required of my attained grades and test scores. I also certify that I have read and understand the information above.

Signature

Date