2017 TRI-TOWN YMCA MARLYN AND BETTY MEYER SCHOLARSHIP AWARD APPLICATION

Criteria:

- Belonged to a Tri-Town YMCA program for a full school year (Tri-Town Y's Kids after school program, Tri-Town Y-Guides, Y-Princesses, or Y-Trailblazers)
- Must be a graduating senior.
- Must have plans to continue education at a university, junior/community college, vocational school.
- · Must include high school transcripts.
- Must include a letter of recommendation from a coach, clergy, teacher, or YMCA staff person. Letters need be no longer than one page.
- Must write and submit a <u>one</u> page letter reflecting upon what their participation in the YMCA program has meant to them.

Application Procedure

Interested individuals must complete and return their applications along with the letter of recommendation and a one page letter reflecting upon what their participation in the Tri-Town YMCA program has meant to them. All documentation is due by **March 20 by 4:00 pm** to:

- Electronically to: <u>development@tritownymca.or</u> OR
- Hard copy to: Tri-Town YMCA
 1464 S. Main St., #7
 Lombard, IL 60148

Applications will be reviewed by committee and the final selection(s) will be made before the student's high school award ceremony. This year a \$500 scholarship will be awarded.

A check for the scholarship amount will be issued directly to the student's institution of higher learning.

Questions? Please call Holly Zielinski at 630-629-9622 or email her at development@tritownymca.org.

2017 TRI-TOWN YMCA MARLYN AND BETTY MEYER SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:				<u></u>	
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ı	First	Middle	Las	it	Phone

Address:		
Street		
City	State	Zip
Parent Name:		
Danish Finally		
Parent Email:		
YMCA AFFILIATION		
Number of years participating in T	ri-Town YMCA Programs: _	
Approximate dates of attendance:		
Approximate dates of attendance.		
Name of Program(s):		
• ,,		
Name of Tri-Town YMCA Program	Head or Head Chief:	
List any volunteer or other act	ivities or achievements	of which you are proud:
VALCA N	,	,
YMCA Name:	(_) Phone
A.I.I.		
Address:	Street	
City	State	
City	State	- 14
SCHOOL INFO		
Name of High School:		

Date of Graduation:	Current G.P.A.								
(Enclose Grade Card or Transcript) College/Vocational School Applicant will be attending:									
Address:									
Street									
City	State	Zip							
University Contact Name:		Phone							
Student ID # If Known:		<u> </u>							
I understand that if I am selected as the recipi YMCA Scholarship Award, the funds will be particially enroll. If for any reason, I decide not to the If selected for a scholarship, I hereby allow the and/or my children and grant permission for the publicity, or promotions.	aid directly to the solution of the solution o	ne college or school in which I cholarship will be null and void.							
Applicant Signature	Parent/Guardia	an Signature							

Please return this application with transcripts, a letter of recommendation and a one page letter reflecting upon what your participation in the Tri-Town YMCA program has meant to you by **March 20, 2017 at 4:00 pm** to:

- Electronically to: development@tritownymca.or OR
- Hard copy to: Tri-Town YMCA
 1464 S. Main St., #7
 Lombard, IL 60148

Questions? Call Holly at Tri-Town Y at 630-629-9622