



ILLINOIS DREAM FUND SCHOLARSHIP- FALL 2018

DEADLINE: 6/1/2018

APPLICANT INFORMATION

To be eligible to apply for the Illinois Dream Fund Scholarship, students must be undocumented and must meet the following criteria:

- Open to DACA and Non-DACA students
- High school/GED or College minimum GPA of 2.5 (On a 4.0 scale);
- Have resided with a parent, legal guardian or partner while attending high school or completing GED in Illinois.
- Have graduated high school or received the equivalent of a high school diploma (GED) in Illinois while having attended for at least three years.

All questions in this application must be fully answered, and supporting documents supplied in a complete package, in order to be eligible for consideration and review by the scholarship committee. Separate mailing of documents (transcripts, letter of recommendation, and/or essay) will not be accepted for review, please submit all supporting documents in one package.

All information provided will be treated confidential and will be used solely by the Illinois Dream Fund Board and Illinois Dream Fund Scholarship Committee for the purpose of evaluating and advising students towards degree completion options. The identity of scholarship recipients will remain confidential and will not be made public unless the recipient approves it, along with the Illinois Dream Fund Board.

Your application must include:

- 1 Letter of Recommendation (Issuer cannot be related to applicant)
- Unofficial or Official Transcript(s)
- Application filled out completely
- Essay

I hereby certify that:

1. I am not related to or affiliated with any Illinois Dream Fund Board/Scholarship Committee member(s).
2. I meet the eligibility requirements as specified in the 2018 ILDF application.
3. To the best of my knowledge and belief, all information contained in this application is true and correct as of the date hereof.
4. **I acknowledge that I have carefully read the entire application, including the above paragraph, and agree to the requirements of this application. I also request that my application be shredded after selection of recipients has been determined.**

Print Name:

Signature:

Date:

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APPLICANT INFORMATION

First Name:

Last Name:

Email:

Contact Number:

GPA:

WHAT WILL BE YOUR FALL 2018 ENROLLMENT STATUS? Check all that apply.

UNDERGRADUATE

Full-Time Part-Time
 Community College Four Year (Private Public)

Incoming Freshman

Transfer

Continuing Student

Program:
Institution:

GRADUATE

Full-Time Part-Time

Are you a continuing student? Yes No

Program:
Institution:

Are you a law student? Yes No

Are you a medical student? Yes No

PH.D. CANDIDATE

Are you a continuing student? Yes No

Program:
Institution:

ESSAY:

Please share with us your story of immigration. Pick an experience from your own life and explain how it has influenced your development and future goals. How will the Illinois Dream Fund scholarship aid you in obtaining these goals? (1,000-word count limit)

Fill out Essay in Next Page.



All of the above is true:

Date:

Signature:

**Please mail you complete application with supporting documents to:
Illinois Dream Fund
P.O. Box 8420
Chicago, IL 60608 - 8420**