

INTERSTATE BATTERIES SUPER-CHARGED SCHOLARSHIP

Interstate Batteries of the Quad Cities has established scholarships for graduating Riverdale seniors entering their freshman year in a college or vocational school. The scholarship money will be paid to the student upon the recipient's proof of enrollment as a full time student. The money can be applied as payment toward tuition or fees.

ELIGIBILITY:

- 1) Must show proof of acceptance in an accredited program at a college, university, or vocational school
- 2) Must be enrolled full time

AMOUNT: \$500

SUBMIT APPLICATION TO: Guidance Office

Recipients will be selected by a Scholarship Committee which will consist of members of the High School Faculty/Staff and Steve & Judi Gibson, owners of Interstate Batteries of the Quad Cities.

DEADLINE: March 1

INTERSTATE BATTERIES SUPER-CHARGED SCHOLARSHIP

APPLICATION FORM

NAME _____

ADDRESS _____

TOWNSHIP _____ (Must be filled in)

PHONE _____ BIRTH DATE _____

Applicant is asked to only include his/her name on
this page. DO NOT include your name on any other
part of the application.

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APPLICATION

GRADE POINT AVERAGE _____

COLLEGE, UNIVERSITY, OR VOCATIONAL SCHOOL _____

EDUCATIONAL PLANS _____

Major Field of study

PLEASE HAVE 2 LETTERS OF RECOMMENDATION SENT TO THE GUIDANCE OFFICE - ONE FROM A TEACHER AND ONE FROM AN AREA RESIDENT. GIVE THEM ONE OF THE ATTACHED FORMS WITH YOUR NAME ON IT TO ATTACH TO THEIR LETTER.

LIST YOUR COMMUNITY SERVICE:

LIST YOUR EXTRA-CURRICULAR ACTIVITIES IN SCHOOL/OUT OF SCHOOL:

LIST YOUR HONORS RECEIVED **OUTSIDE OF SCHOOL:**

LIST YOUR EMPLOYMENT HISTORY FOR THE PAST 4 YEARS:

LIST ANY SCHOLARSHIPS OR AWARDS YOU HAVE RECEIVED TOWARD COLLEGE:

WRITE A BRIEF SUMMARY OF YOUR EDUCATIONAL & CAREER GOALS:

WRITE A BRIEF SUMMARY OF WAYS YOU SHOW PRIDE IN YOUR SCHOOL DISTRICT AND SUPPORT FOR YOUR FELLOW CLASSMATES AND WHY YOU FEEL IT'S IMPORTANT:

ARE THERE ANY OTHER SIGNIFICANT FACTS ABOUT YOU AND/OR YOUR FAMILY THAT YOU WOULD LIKE TO SHARE AS IT RELATES TO YOUR EDUCATION?

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AREA RESIDENT
RECOMMENDATION

NAME OF STUDENT _____

Directions: Attach this form to your letter of recommendation, but DO NOT include the student's name in the recommendation. Recommendations are to be mailed to:

Counseling Office
Riverdale High School
9622 - 256th Street N
Port Byron, IL 61275

by March 1

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TEACHER
RECOMMENDATION

NAME OF STUDENT _____

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