

## **JUREVITZ FAMILY MEMORIAL SCHOLARSHIP**

The family of James & Georgia Jurevitz has established this memorial scholarship for a graduating Riverdale senior pursuing a degree in the nursing, medical or Ag related field of study. The scholarship money will be paid to the student upon the recipient's proof of enrollment as a full time student. The money will be applied as payment toward tuition or fees.

### **ELIGIBILITY:**

- 1) Must show proof of acceptance in an accredited program at a college or university in pursuit of a nursing, medical, or Ag related degree.
- 2) Must be enrolled full time

**AMOUNT:** \$500

**SUBMIT APPLICATION TO:** Guidance Office

Recipients will be selected by *the Scholarship Committee which will be designated by the Foundation.*

**DEADLINE:** March 1

**JUREVITZ FAMILY MEMORIAL 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.

**JUREVITZ FAMILY MEMORIAL SCHOLARSHIP**

**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:

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WRITE A BRIEF SUMMARY OF YOUR EDUCATIONAL & CAREER GOALS:

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WRITE A BRIEF SUMMARY OF WHY YOU THINK YOU DESERVE THIS SCHOLARSHIP:

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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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**JUREVITZ FAMILY MEMORIAL SCHOLARSHIP**

*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 - 256<sup>th</sup> Street N  
Port Byron, IL 61275

by March 1

**JUREVITZ FAMILY MEMORIAL SCHOLARSHIP**

*TEACHER*

**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:

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