

## **APPLICATION FOR SCHOLARSHIP**

### **DANVILLE CHAPTER OF THE AMERICAN BUSINESS CLUBS**

#### **GENERAL INFORMATION**

1. ALL CORRESPONDENCE ON BEHALF OF THE APPLICANT SHOULD BE DIRECTED TO THE DANVILLE CHAPTER OF THE AMBUCS, P.O. BOX 266, DANVILLE, IL 61834-0266
2. THE DEADLINE FOR FILING AN APPLICATION FOR THE NEXT ACADEMIC YEAR IS APRIL 1. NOTIFICATION OF SCHOLARSHIP DECISIONS WILL BE MADE IN MAY AND WILL BE FOR A TWELVE MONTH PERIOD. AN APPLICATION MUST BE SUBMITTED FOR EACH SCHOOL YEAR. UPON RECEIPT OF VERIFICATION OF ENROLLMENT FOR EACH SESSION WHICH YOU ATTEND SCHOOL, MONIES AWARDED WILL BE DEPOSITED TO YOUR CREDIT WITH THE APPROPRIATE FINANCIAL AID OFFICER OF THE INSTITUTION IN WHICH YOU HAVE BEEN ACCEPTED.
3. ALL INFORMATION SUBMITTED IN THE APPLICATION WILL BE KEPT CONFIDENTIAL.
4. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
5. PLEASE INCLUDE YOUR IRS FROM 1040 (both sides) FROM LAST YEARS TAX YEAR. INCLUDE PARENT OR GUARDIAN 1040 IF YOU WERE REPORTED AS A DEPENDENT.
6. IF YOU ARE SELECTED FOR A SCHOLARSHIP, A RECENT PHOTO MAYBE REQUESTED.

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**QUALIFICATIONS FOR SCHOLARSHIP AID**

The philosophy and purpose of the scholarship project of the AMBUCS is to provide services to persons with disabilities by offering financial assistance to deserving men and women training in the various fields of corrective therapy. To be eligible for financial assistance students must meet the following qualifications:

1. The applicant must be a citizen of the United States of America, living within the area served by the Danville Chapter of the American Business Clubs.
2. The applicant must be in good scholastic standing.
3. The AMBUCS scholarships are intended to help students become qualified for practice in the fields of Physical Therapy, Speech-Language Pathology and Hearing Audiology, and Occupational Therapy.
4. To qualify, an applicant must (for the next academic year) be a freshman, sophomore, junior, or senior in a program which qualifies the applicant for clinical practice leading toward a Bachelor's Degree in Education and Accreditation, Hospitals of the American Medical Association, American Physical Therapy Association, American Speech-Language-Hearing Association and/or the American Occupational Therapy Association.
5. The applicant must document financial need.
6. The applicant must be planning to enter clinical practice in a chosen field of therapy in the U.S. immediately upon completion of the course of study for which the aid is being requested.
7. The applicant should understand that the Scholarship Committee reserves the right to terminate the scholarship upon evidence of failure to maintain scholastic or moral standards. In order to maintain the scholarship, a transcript for the semester, tri-semester or quarter just completed must be submitted to the Scholarship Committee.
8. Any applicant applying for this scholarship who does not wish to have his or her parent's financial situation considered must submit with this application some proof of financial independence. This may be in the form of the most recent income tax return.
9. The applicant must submit with this application a one to two page statement, which includes immediate family background, educational background and an indication as to why he/she is planning to become a therapist.
10. The applicant must be willing to appear for a personal interview with the members of the Scholarship Committee.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status? \_\_\_\_\_

Branch and years in armed services \_\_\_\_\_

What is your health status? \_\_\_\_\_

Spouse's name? \_\_\_\_\_

Address \_\_\_\_\_  
(only if different from yours)

Father or Guardians name \_\_\_\_\_

Address \_\_\_\_\_

Mother's full name \_\_\_\_\_

Father living? \_\_\_\_\_ Mother living? \_\_\_\_\_

Parents' marital status \_\_\_\_\_

APPLICANT EDUCATIONAL DATA

Institution to be attended:

\_\_\_\_\_

Address of institution to be attended:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Field of Study:

Physical Therapy \_\_\_\_\_ Music Therapy \_\_\_\_\_  
Occupational Therapy \_\_\_\_\_ Recreational Therapy \_\_\_\_\_  
Speech and Hearing Therapy \_\_\_\_\_

Number and Date (month and year) all semesters in which you will be enrolled, including affiliation time:

1. \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
2. \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
3. \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
4. \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

(This information must be accurate since it comprises the data by which your payments will be made)

PARENT'S FINANCIAL STATUS

Father's Gross Income for past tax year \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Gross Income for past tax year \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Combined parent's assets less indebtedness \_\_\_\_\_  
(Total ownership in business holdings, real estate, autos, stocks and bonds, retirement and trust accounts, insurance, savings etc. minus cash indebtedness)

Number of dependents \_\_\_\_\_

Number of dependents who will be supported in college next year \_\_\_\_\_

Number of dependents who will be supported in college this year \_\_\_\_\_

Number of dependents who were supported in school last year \_\_\_\_\_

What was the last tax year in which the applicant was claimed as a dependent for parents income tax purposes? \_\_\_\_\_

Will additional support be sought from sources other than this scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes will additional support be a gift? \_\_\_\_\_ loan? \_\_\_\_\_ scholarship? \_\_\_\_\_

Estimated total of additional support \_\_\_\_\_

List previously awarded financial support \_\_\_\_\_

\_\_\_\_\_  
List employment during last year (include times and amount of money involved)

\_\_\_\_\_  
(applicant only)  
\_\_\_\_\_

Source and amount of funds available for year in which scholarship is requested:

Resources for academic year:

From parents \$ \_\_\_\_\_  
From relatives, friends \_\_\_\_\_  
From personal savings \_\_\_\_\_  
From employment \_\_\_\_\_  
From loans \_\_\_\_\_  
Other income \_\_\_\_\_  
Scholarships, grants, etc.  
1. Received \_\_\_\_\_  
2. Applied for \_\_\_\_\_  
TOTAL ALL RESOURCES  
\$ \_\_\_\_\_

Expenses for academic year:

Tuition and fees \$ \_\_\_\_\_  
Room Rent \_\_\_\_\_  
Books and supplies \_\_\_\_\_  
Transportation \_\_\_\_\_  
Personal & Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TOTAL ALL EXPENSES  
\$ \_\_\_\_\_

I, we hereby certify that the information contained in this application for scholarship is true and correct to the best of my, our knowledge.

\_\_\_\_\_ (Applicant)

\_\_\_\_\_ (Father)

\_\_\_\_\_ (Mother)

\_\_\_\_\_ (Date)