

**FranCenter Clinic
Robert Cleveland and Kenneth Dodge
Memorial Scholarship Award Program**



Scholarship Application

(Must be completed and received by May 1st of the current school year. Use N/A where not applicable.)

Full name (last, first, middle): _____

Birthdate: _____ Phone number: _____

Address: _____

City: _____ State: Illinois Zip: _____

Parent(s) name: _____

Parent contact (phone or email): _____

Number of siblings: _____ Ages of siblings: _____

Please check the range of your family's income:

Under \$50,000 \$51,000 - \$90,000 Over \$91,000

Special financial circumstances: _____

School presently attending: _____ Grade: _____

School address: _____

School contact person: _____ Telephone: _____

Email: _____

To be signed by appropriate school personnel:

I verify the above applicant qualifies for this scholarship program due to an IEP or 504 Plan on file. (School contact person signature required as verification)

Signature of School Personnel

Title

Email: _____ Date: _____

Extracurricular school activities (athletics, organizations, clubs, plays, etc.):

Hobbies and other interests:

Community involvement (volunteer work, charity work, leadership roles, etc.):

Work experience (list any significant work experience in the past two years):

College/University/Trade School choices: _____

Intended major: _____

Briefly describe career ambitions you hope to achieve as a result of your education:

I hereby give permission to have FranCenter print a short biographical story from my application, including letters of reference, if I am chosen for this scholarship.

Applicant Signature

Date

**Completed application can be mailed to:
FranCenter, Inc. • 1510 Plainfield Rd., Suite 1 • Darien, IL 60561
Or emailed to: admin@francenter.com
Questions? Please call (630) 541-8162**

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Personal Reference Form

Applicant: _____
(Student's name)

Describe why you think this student should receive this scholarship award:
(Use the space below or attach a separate letter)

Person making recommendation: _____

Relationship to applicant: _____

Signature: _____ **Date:** _____

Title: _____

Email: _____

Please return form to student once completed. Application is due by May 1st.

