



**SCHOLARSHIP APPLICATION**  
**2018**

**DEADLINE: NOVEMBER 23, 2018**

APPLICATION MAY BE DOWNLOADED FROM  
[www.RAMM-RKFD.ORG](http://www.RAMM-RKFD.ORG)

CONTACT US: [RAMMRKFD@GMAIL.COM](mailto:RAMMRKFD@GMAIL.COM)  
OR

ROCKFORD ASSOCIATION FOR MINORITY MANAGEMENT  
P. O. Box 6703, ROCKFORD, ILLINOIS 61125  
815-978-3924

**PURPOSE AND INTENT**

RAMM offers a limited number of scholarships to African-American high school seniors in Winnebago County. The purpose of the RAMM scholarship is to recognize and reward personal and academic achievement and to help defray the cost of higher education.

**ELIGIBILITY**

- Must be an African-American high school senior enrolled in a Winnebago County school
- Must have a minimum grade point average (GPA) of **2.75 on a 4.0 scale**.
- **Must attend an accredited 2- or 4- year college or university.**
- **SUBMIT APPLICATION NO LATER THAN November 23, 2018.**

**REQUIRED DOCUMENTATION**

- A completed **online** application. **(Reminder: Be sure to indicate whether the application is for a 2-year or 4-year college or university.)**
- **Official transcript** containing class rank and ACT/SAT scores.
- **Name and email information** of two individuals who can provide recommendations on your behalf. The applicant is responsible for providing the email contact of the two recommenders by **November 23, 2018.**
- A **typewritten essay of up to 500 words** answering the following:

**Describe something you have done during the past year that has made a difference in either your school or neighborhood or community.**

- **Online E-Signature**

**EVALUATION CRITERIA**

1. Academic performance based on ACT/SAT scores and high school grades.
2. Extra-curricular activities/employment.
3. Community service.
4. Oral and written communication skills based on personal statement and interview.
5. Name and email information of two individuals who can provide recommendations on your behalf.

**TIMING**

1. All information must be completed and received by **November 23, 2018, WITHOUT EXCEPTION.** Applications received after the deadline date – **November 23, 2018**-- will not be accepted.

**REMINDER –**

**ONLINE:** Completed application with essay

**REFERENCES:** Name and email information of two individuals.

**U.S. MAIL:** Official transcript mailed to:

**Rockford Association for Minority Management  
PO Box 6703  
Rockford, IL 61125  
Attention: Scholarship Chairperson**



PO BOX 6703  
ROCKFORD, ILLINOIS 61125

# 2018 SCHOLARSHIP APPLICATION

**PLEASE CHECK ONE:**    2-Year    4-Year

LAST NAME                      FIRST NAME                      MIDDLE NAME                      DATE OF BIRTH

ADDRESS                                      CITY                                      STATE                                      ZIP

PHONE:      HOME                                      CELL                                      E-MAIL ADDRESS

PREFERRED METHOD OF CONTACT:       HOME                       CELL                       E-MAIL

HIGH SCHOOL      GRADUATION DATE      HIGH SCHOOL COUNSELOR      COUNSELOR'S PHONE #

PARENT OR GUARDIAN                                      ADDRESS                                      PHONE

PARENT(S) PLACE OF EMPLOYMENT                                      PARENT(S) WORK ADDRESS & PHONE

PARENT(S) PLACE OF EMPLOYMENT                                      PARENT(S) WORK ADDRESS & PHONE

TEST SCORES:    ACT (Composite) \_\_\_\_\_    SAT (Composite) \_\_\_\_\_    Date \_\_\_\_\_

RETAKE: \_\_\_\_ Yes    Date \_\_\_\_\_    No \_\_\_\_\_

Courses taken and the grades received for the junior and senior years of high school. If you do not know your grades for courses you are currently taking, approximate a grade based on test scores. -

JUNIOR COURSES	GRADES	SENIOR COURSES	GRADES

CLASS RANK \_\_\_\_ DATE: \_\_\_\_\_      CUMULATIVE GPA \_\_\_\_ DATE: \_\_\_\_\_

PLANNED COLLEGE MAJOR AND/OR CAREER GOAL

TWO SCHOOLS YOU ARE CONSIDERING

1. \_\_\_\_\_

2. \_\_\_\_\_



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## COMMUNITY/CIVIC ACTIVITIES, ACADEMIC AWARDS OR EMPLOYMENT

List all extracurricular activities past or present. Include organizations and activities both in and out of school. Provide supplemental sheet if needed.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Scholarships or grants applied for/received; academic or community awards received.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Current and previous employment. (Begin with most recent)

Dates of

Employment

Name and address of employer:

_____	_____
_____	_____
_____	_____
_____	_____

Career choices:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

List the names, as well as email/phone contact information of two individuals other than relatives who will provide recommendations on your behalf. Please inform your references the recommendation is due NOVEMBER 23, 2018.

Name	E-Mail/Phone
_____	_____

Name	E-Mail/Phone
_____	_____

Applicant's E-Signature _____	Date / /2018
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## 2018 SCHOLARSHIP APPLICATION

### ESSAY

**NAME OF APPLICANT**

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Please type an essay of up to 500 words answering the following:

**Describe something you have done during the past year that has made a difference in either your school, your neighborhood, or your community.**

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## RECOMMENDATION #1

<b>APPLICANT</b>	<b>DATE OF REFERENCE:</b>
<b>NAME OF REFERENCE:</b>	<b>PHONE</b>
<b>EMAIL:</b>	

Thank you for taking time to provide a reference for the above named individual. We would appreciate your candid assessment of the above named student by answering the following questions. **This reference is to be emailed to [RAMMRKFD@gmail.com](mailto:RAMMRKFD@gmail.com) and received NO LATER THAN November 23, 2018.** Documents received after the **November 23, 2018** will not be accepted.

1. How long have you known this person?
  
2. What is your relationship with this applicant?
  
3. Have you ever given the applicant an assignment to work on? \_\_\_\_\_ If yes, did the applicant follow through with his/her portion of the duties or responsibilities?
  
4. In your experience with this individual, have you found him/her to be:  
 Reliable? \_\_\_\_\_ Patient? \_\_\_\_\_ Compassionate? \_\_\_\_\_
5. Please complete the following sentences with regard to this applicant:
  - a. I would best describe this individual as
  
  - b. This person's strengths include
  
  - c. This person could be more effective if he/she worked to improve
  
6. Is there anything else you might be able to tell us about the individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?

**RECOMMENDATION #2**

<b>APPLICANT</b>	<b>DATE OF REFERENCE:</b>
<b>NAME OF REFERENCE:</b>	<b>PHONE</b>
<b>EMAIL:</b>	

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  - a. I would best describe this individual as
  
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7. Is there anything else you might be able to tell us about the individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?

**CONSENT FORM**

I would like to be considered for additional funds from outside sources that may become available to RAMM scholarship applicants.

YES

NO

**I hereby authorize RAMM to provide the information contained in this application to other scholarship sources.**

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Applicant's Name

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Applicant's E-Signature

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I,  agree  do not agree to allow RAMM to use my likeness (photo/interview video) for the RAMM Scholarship Committee review process and/or the RAMM Scholarship Program and presentations.

I,  agree  do not agree for RAMM to share my contact information for internship opportunities.

Please print parent(s) / guardian(s) name(s) as you would like them to be announced at the RAMM Scholarship Banquet. (You may list both parents if desired.)

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Parent's or guardian's name

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Parent's or guardian's name

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