



# 2009 SCHOLARSHIP APPLICATION FORM

**Please Print**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Fax: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

School Phone Number: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

School activities you are currently involved in (*Please include the number of hours per week dedicated to each activity*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer activities and hours spent per month: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of college you're attending: \_\_\_\_\_

Are you already officially accepted: \_\_\_\_\_

Intended start date: \_\_\_\_\_ Credit hours applied for in your first semester: \_\_\_\_\_

Major: \_\_\_\_\_

Do you have plans to continue any of your extracurricular activities while in college? \_\_\_\_\_

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If not, what other areas of interest will you pursue while in college? \_\_\_\_\_

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What has been your greatest achievement during high school? \_\_\_\_\_

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Which area of extracurricular interest do you find most enriching and why? \_\_\_\_\_

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Were you employed during high school? If so, what did you do and how many hours per week or month were dedicated to your job? What did you learn from this experience?

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**Please attach a typed response, in essay format, addressing the following items.  
Please limit combined responses to 1,000 words or less.**

**Part 1** – State what adversities or hardships you have encountered and what you have done to transcend the hardship. Include how Stephanie’s spirit would enlighten you.

**Part 2** – Give one example of a time when you put others before yourself.

**Part 3** – (optional) You may submit any additional information about yourself that you would like the SJMF Board to know.

Applicant’s Signature: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Guidance Counselor/Principal’s Signature: \_\_\_\_\_

Date of Application Submission: \_\_\_\_\_

Please attach the essay(s) to your application and mail the completed application to:

**The Stephanie Joseph Memorial Fund Scholarship  
c/o NorthStar Credit Union  
3 S 555 Winfield Road  
Warrenville, Illinois 60555**

**Applications postmarked after May 1st will not be reviewed.**

All applications become property of the SJMF and will not be returned. Please retain copies for your own record keeping. All applications are kept confidential and only reviewed by the Stephanie Joseph Memorial Fund board members. A board member may contact you by phone or email if any part of your application needs clarification.

Selected candidates will be interviewed by the SJMF board members.

Please check our website, [www.stephaniejoseph.org](http://www.stephaniejoseph.org), for scholarship updates.

*This scholarship is intended to commemorate and honor the memory of Stephanie Terese Joseph.*