

ILLINOIS STATE SENATE

☐ Capitol Office:
M106 State House
Springfield, Illinois 62706
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☐ District Office:
140 Carlinville Plaza
Carlinville, Illinois 62626
217/854-4441
217/854-5311 Fax



Deanna Demuzio
State Senator • 49th District

- ☐ Committees:
- Chairperson
State Government
& Veterans Affairs
 - Vice-Chairperson
Education
- ☐ Member
- Agriculture & Conservation
 - Commerce & Economic
Development
- ☐ Commission:
- Legislative Audit
Commission

March 19, 2009

Mr. Larry Pfeiffer, Regional Superintendent of Schools
220 North Broad St.
Carlinville, IL 62626

Dear Larry:

We received this in the mail on Wednesday and I believe I forwarded you a copy of the application last year. I thought you may know of a student who could benefit from this scholarship.

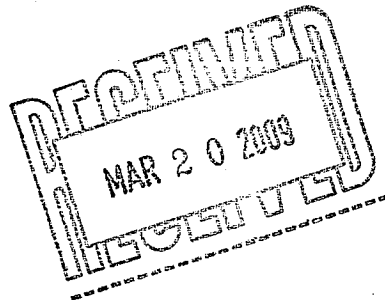
Enclosed is the National Image Inc, Central Illinois Chapter Latino Scholarship Fund Application. All of the contact numbers and mailing address are provided on the application.

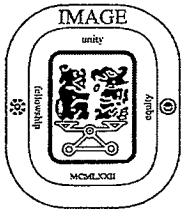
If you have any questions, please feel free to contact me at the office at (217) 854-4441. I hope you are doing well. Go Illini!

Thanks,

A handwritten signature in cursive script that reads "Scott".

Scott Cain





National
IMAGE *Inc.*

Central Illinois Chapter

March 2009.

Dear Friend:

The Central Illinois Chapter of National Image, Inc. is a 501(c)(3) non-profit organization dedicated to promoting education, employment, and civil rights for the Latino community. Each year we award scholarships to Latinos living in central Illinois who are pursuing an education at an accredited university, college, or trade school. This year we plan to award three (3) scholarships in the amount of \$1000.00 each.

We ask for your help to get our scholarship application materials into the hands of those you might benefit from this opportunity. Enclosed is a copy of our scholarship application. Please give it to someone who might qualify or to someone who can help us find qualified and interested potential applicants. Copies of this application are acceptable. Our application deadline this year is June 25th, 2009.

More information about our organization, other scholarship opportunities, and access to an electronic copy of this application is available at our website, www.cilimageinc.org.

Thank you,

Ricardo L. Thompson
Treasurer

enclosure



NATIONAL IMAGE, INC., CENTRAL ILLINOIS CHAPTER LATINO SCHOLARSHIP FUND APPLICATION

SCHOLARSHIP AWARDS

The National Image Inc., Central Illinois Chapter will award three scholarships each year in the amount of \$1000.00 each. The successful applicant may use these funds for whatever the student deems necessary, but they must be used for educational purposes only. Funds are paid to the school in the student's name.

The scholarship awards will be announced each year by August 16. Letters announcing the award of a scholarship will be postmarked by this date to each applicant at the address listed on their application. All decisions concerning application acceptance, rejection, award or the dollar amounts of the scholarships by the Board of Central Illinois Image are final. Provisions for appeal or further review are not available.

ELIGIBILITY:

- Be of Latino Background (one parent must be full Latino or both parents must be at least half)
- Currently reside in Central Illinois
- Minimum un-weighted grade point average (GPA) of 2.5 on a 4.00 scale
- Currently enrolled in or accepted to attend an accredited university, college, or trade school
- All application materials must be typed and written in English
- Each person is eligible to receive funds from this scholarship only once

SELECTION: - Applications will be evaluated on the following criteria:

- Academic Achievement (50%)
 - Academic Official Transcripts
 - Academic Letter of Recommendation on Official Letterhead
- Personal Essay and Other Activities (50%)
 - Personal Essay
 - Letter of Recommendation from a Teacher, Clergy, or Adult Club Leader on Community, Civic, and/or Athletic Activities

APPLICATION PACKAGE MUST INCLUDE:

- A Complete and Signed Application
- A Copy of Your Official Transcripts
- A Letter of Academic Recommendation on Official Letterhead
- A Personal Essay
- A Letter of Recommendation on your Community, Civic, and/or Athletic Activities

POSTMARK APPLICATION DEADLINE: Applications postmarked after **June 25**, or received after June 30, each year will not be accepted; no extension will be granted. **Mail your application to National Image Latino Scholarship Fund, 6101 Willow Springs Rd., Springfield, IL, 62712-9592.** Each applicant may only receive one scholarship.

**NATIONAL IMAGE INC., CENTRAL ILLINOIS CHAPTER
LATINO SCHOLARSHIP FUND APPLICATION**

Personal Identification:

First Name: _____ Middle Initial: ____
Last Name: _____ Birthdate: ____/____/____
Social Security Number: _____ - _____ - _____ (not required)
Mailing Address: _____

City: _____ State: _____ Zip: _____

Please provide a phone number where we can contact you, if needed, during the months of

July/August - Telephone Number: _____ - _____ - _____

Email Address (if available): _____

Ethnic Background:

Please Indicate Your Ethnic Background:

- | | |
|---|---|
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Dominican American | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Spanish European | <input type="checkbox"/> Cuban American |
| <input type="checkbox"/> Central American (specify) _____ | |
| <input type="checkbox"/> South American (specify) _____ | |
| <input type="checkbox"/> Other Latino (specify) _____ | |

Of the Ethnic Background(s) Checked Above, You Are at Least what Percent Latino?

_____ 25% _____ 50% _____ 75% _____ 100%

Father's Name: _____

Mother's Name: _____

Education:

Students Currently Attending Senior Year of High School or Recently Graduated from High School Only:

School District: _____

Principal's Name: _____ School Phone Number: _____ - _____ - _____

School Address: _____

School City: _____ State: _____ Zip: _____

Country: _____ Grade: _____ Expected Graduation Date _____

All Applicants:

Currently attending high school, university, college, or post-secondary school: YES / NO

If yes, name of school currently attending: _____

Cumulative GPA: _____ (on a 4.00 scale)

Name of school you plan to attend: _____

(Note: If you are awarded a scholarship from us, this is the school we will send those funds in your name.)

Mailing address: _____

City: _____ State: _____ Zip: _____

- What type of school is this (check one)?
 2-Year 4-Year Post-Graduate Program
 Post-Secondary/Trade or Technical School
Other (please specify) _____
- Are you currently a student at this school? YES / NO
- If yes, what year are you currently enrolled (check one)?
 Freshman Sophomore Junior Senior Post Graduate Program
 Certification Program Other (please specify) _____
- If no, have you applied for admission: YES / NO
If yes, for what semester or term? _____
Have you been accepted? YES / NO

Degree(s) or certification(s) you plan to achieve: _____

Please list any academic honors that you have received:

If your plans are to attend a post-secondary school, will you be a full-time student both Fall and Spring semesters? YES / NO

Academic Achievement:

- **Transcripts:** Have you included a copy of your transcripts with this application? YES / NO
 - NOTE: Failing to provide copies of your transcripts will result in the disqualification of your application. If you believe you have a legitimate reason why you are unable to provide copies of your transcripts, please provide a written explanation. In extreme circumstances, the evaluation committee may consider your explanation and stated GPA in lieu of actual copies of your transcripts.
- **Academic Letter of Recommendation:** Please include a letter of academic recommendation from a school official that is written on their official school letterhead. Please have him/her comment on your recent performance and factors indicating your potential for future success at the level of work required at a university, college, or any post-secondary school.

Community Service and Other Activities:

- **Community, Civic, and/or Athletic Activities Letter of Recommendation:** Please include a letter of recommendation from a teacher, clergy, or adult club leader describing your community, civic, and/or athletic activities. The person writing the letter should include his/her mailing address and telephone number in the letter or write the letter on official letterhead.
- **List of Activities:** Please provide a list of your involvement in any community, civic and athletic activities.

Letters of Recommendation: The academic and community, civic, and/or athletic activities letters of recommendation contribute significantly to the application's assessment and final rating. The evaluation committee requires separate letters of recommendation to meet these two requirements.

Personal Essay: Please submit with your completed application a typed essay in English of 300 words or less in which you describe "What does it mean to you to be a Latino/Latina in the United States today?" Be concise and incorporate your own personal experience to develop your response. Comment on how this scholarship would affect you personally. Evaluation will include proper spelling, grammar, and punctuation.

Other Information: How did you hear about this scholarship opportunity?

Application Material: All scholarship applications and supporting materials submitted will remain the property of National Image Inc., Central Illinois Chapter and will not be returned to the applicant.

CERTIFICATION:

I hereby certify that all the information in this application is true and accurate to the best of my knowledge. I hereby authorize National Image Latino Scholarship Fund (NILSF) to utilize any information, which I have submitted as part of this application. I understand that the NILSF scholarship grant will be used solely for the purpose of educational needs consistent with the school's general requirements for financial aid. I understand that if I use the scholarship grant for any other purpose other than stated herein, or if the information I have submitted is found to be untrue or inaccurate, I will forfeit all grants awarded to me and agree to return the full amount of the grant received to-date to the NILSF.

Signature: _____ Date: ___/___/___

POSTMARK APPLICATION DEADLINE: June 25th (annually)

Applications postmarked after **June 25th**, or received after **June 30th**, will not be accepted; no extension will be granted. **Mail your application to National Image Latino Scholarship Fund, 6101 Willow Springs Rd., Springfield, IL, 62712-9592.** Each applicant may only receive one scholarship. *This application form may be photocopied.*

If you have questions, please send them to ric.thompson5@comcast.net or call 217-585-0117.