



**WHITESIDE COUNTY REPUBLICANS
APPLICATION
2024 SCHOLARSHIP AWARD**

Identifying Information

Student Name

First

Last

Address: _____

City: _____ Zip: _____ Telephone # (____) _____

Alt Telephone # (____) _____ E-Mail: _____

Are you a U.S. Citizen? ____ (Yes) ____ (No)

Are you a resident of Whiteside County, Illinois? ____ (Yes) ____ (No)

Are you a registered voter? ____ (Yes) ____ (No)

High School/College Information

Name of School:

Address: _____

City: _____ Zip: _____ Telephone # (____) _____

Date of expected or completed High School Graduation:

College/Trade School attending: _____

Expected/Declared Major: _____

2 Year Institution: ____ 4 Year Institution: ____ Other _____ (only check one)
If you have checked "other," please provide additional information here:

Extracurricular Activities: (Organizations, Community Service, Music, Sports,
etc.) _____

May submit this on a separate sheet if preferred, to provide additional details

To Be Completed By School Counselor/College Advisor:

Cumulative GPA (Out of 4.00) ____ Class Rank ____ out of ____

Counselor/College Advisor

Signature

Printed

Date

Student

Signature

Printed

Date