

## **Bob Price Memorial Scholarship**

Our friend, Bob Price, lost his life in a boating accident on September 30, 2012. However his spirit lives on through this scholarship as we support those who have the same passions and spirit as Bob. Bob loved the outdoors, sports, and people. He was a Master Sergeant with the Illinois State Police, District #18, a volunteer fireman and rescue diver with the Hillsboro Fire Department, and a member of the Illinois Air National Guard 183<sup>rd</sup> Fighter Wing serving four overseas tours. He enjoyed helping others and was proud to serve his country, state, and community.

Each year a scholarship shall be available to a graduating student from a High School in the Illinois State Police District 18 counties: Calhoun, Greene, Jersey, Macoupin, and Montgomery. Monetary award to be \$1000 per student.

### ELIGIBILITY

There shall be no restriction of any applicant by reason of race, age, creed, sex, or national origin. The only limitations are the following:

1. The scholarship(s) will be awarded to a student(s) with a career choice in:  
#1 criminal justice      #2 fire science      #3 public safety
2. Permanent Illinois Resident and U.S. citizen
3. Student(s) must be enrolled as a full-time college student.

### GENERAL INSTRUCTIONS

1. Submit completed application packet with all documents requested. Incomplete applications will NOT be considered.
2. Application and statements must be typed.
3. Application must be signed by student and parent/guardian
4. Recent photo (senior picture) with signature on reverse side.
5. DEADLINE: Application packet must be postmarked no later than **March 31<sup>st</sup>** of graduation year.
6. Submit complete application packet with all supporting information required to:

Bob Price Memorial Scholarship

C/O Ginger Barnes

7077 Illinois Rt. 16

Hillsboro, IL 62049

Application Packet Requirements:

- \_\_\_ Signed Application Form
- \_\_\_ Activities & Awards
- \_\_\_ Recommendation Letters (3)
- \_\_\_ Student Essay
- \_\_\_ Official Sealed Transcript
- \_\_\_ College/Institution Acceptance Letter
- \_\_\_ Photograph

APPLICANT INFORMATION

Name: \_\_\_\_\_  
*Last First MI*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: *Male*\_\_\_\_ *Female*\_\_\_\_  
*MM DD YY*

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip code*

Illinois Resident (YES / NO) US Citizen (YES / NO) County: \_\_\_\_\_

Parent(s) / Legal Guardian Names

\_\_\_\_\_  
*Last First*

**COLLEGE PLAN:**

Choice College/Institute: \_\_\_\_\_

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

\*Provide copy of letter of acceptance from your chosen college/institute.

**ESSAY:** Write an essay of 300-500 words discussing your interest in the field of criminal justice, fire science, or public safety. The occupation you propose to pursue after graduation, your long term goal and how you hope to achieve them. The essay may also include any other information that is relevant to your career plans. Include your name and career field at the top of the page.

Signature of Student and Parent is an affidavit stating that the applicant commits to attend an accredited school or institution to obtain a state approved license or degree. These signatures also certify that the statements and documents herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_



## Bob Price Memorial Scholarship

Please use this form only. If additional space is needed use reverse side.  
If possible use typewriter or computer only.

### PRINCIPAL/COUNSELOR'S STATEMENT

*Please return to student enclosed in a sealed envelope with signature across the seal.*

Concerning: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Name

1. Is the applicant a student in good standing? \_\_\_\_\_

2. Date of his/her graduation: \_\_\_\_\_ Current grade point Average: \_\_\_\_\_

**Please note:** An official copy of the student's transcript is required and can be sealed in the envelope with this statement.

Please, comment in a **150 words or less** on the qualifications and need of this applicant for a scholarship award. This will be kept strictly confidential.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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### TEACHER'S STATEMENT

*Please return to student enclosed in a sealed envelope with signature across the seal.*

Concerning: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Name

In your opinion to what extent do you consider this applicant a worthy candidate for this scholarship? Please, comment in a **150 words or less**.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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### NON-SCHOOL ENDORSEMENT STATEMENT

(This statement will be disqualified if completed by school official or teacher. Please do not refer to academic or school related activities.)

*Please return to student enclosed in a sealed envelope with signature across the seal.*

This statement should attest to the student's participation in the community in terms of work, service, leadership, notable skills, and outstanding recognition.

Concerning: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Name

In your opinion to what extent do you consider this applicant a worthy candidate for this scholarship? Please, comment in a **150 words or less**.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

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