Scholarship Eligibility:

Applicants should be an accepted or enrolled student at an accredited institution of higher learning to include community colleges, private institutions and certified vocational training programs.

ILBC Members (and their "immediate relatives), ILBC employees (and their "immediate relatives), and ILBC Foundation members (and their "immediate relatives) are ineligible for the scholarship program.

How to Apply:
Contact Ms. Jackie Brown at 217/544-0444. You can also write to the Illinois Legislative Black Caucus Scholarship Selection Committee, P.O. Box 12104, Springfield, IL 62791 to request an application.

All applicants must:
- Be an Illinois resident
- Complete the ILBC Scholarship Application
- Submit to ILBC verification of enrollment or letter of acceptance
- Write a personal statement (500 words or less) describing interest and involvement in community and public service, hobbies, special talents, sports and/or school activities etc. The statement should address future academic and professional career plans and may highlight any personal challenge(s) perspective has overcome
- Submit two letters of recommendation from persons other than relatives
- Applicants should submit a recent photograph of himself/herself
- Provide proof of voters registration if 18 years of age or older
- Forward the application and supporting materials to the ILBC Scholarship Selection Committee by April 1st
- Any Omission not summated with application will cause disqualification.

Application Deadline:
All prospective applications for the scholarship must be postmarked by April 1st of each year.

Submit Applications to: Illinois Legislative Black Caucus Scholarship
P.O. Box 12104, Springfield, IL 62791.

*Immediate relatives: mother, father, sister, brother, grandmother, grandfather
Scholarship Application

Please print. Complete form in detail filling in all appropriate blanks, be as specific as possible.

PERSONAL DATA:

Full Name _______________________________ Male  Female  

Permanent Street Address ____________________________________________

City ______________________________ State ________________ Zip ____________

Telephone Number __________________________ Emergency Number ______________

Date of Birth (Month/Day/Year) __________ Place of Birth ____________________________  

Age ____________ Social Security Number __________ - __________ - __________

Father’s Name (if applicable) ______________ Occupation __________________________

Mother’s Name (if applicable) ______________ Occupation __________________________

Please tell us how you learned about the ILBC Scholarship__________________________

EDUCATION:

Name of High School __________________________ Address ______________

Did you graduate? Yes  No  

Name of College __________________________ Address ______________

Did you graduate? Yes  No  

Vocational/Trade __________________________ Address ______________

Official Classification (circle one) Pre-Apprentice Apprentice Other

2. List the school you will attend or are attending: ____________________________________  

Scholarship recipients must gain admission to an accredited college, university, or trade.

3. List your area of study ____________________________________________________________

4. Personal Statement (Separate Sheet 500 words or less) describing interest and involvement in community and public service.

CERTIFICATION:

I hereby certify that all information in this application is true and accurate.

Applicant Name (print) __________________ Date ___________________

Applicant Signature __________________ Date ___________________

ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.