

***The Margaret Esposito  
Scholarship***

***Presented by the McLean County  
Extension Service Foundation***

# MARGARET ESPOSITO SCHOLARSHIP MCLEAN COUNTY EXTENSION SERVICE FOUNDATION

The Margaret Esposito Scholarship was established in August, 1992 to assist McLean County residents who are nontraditional students attending one of the colleges, universities or technical/vocational schools located within the McLean County area. The scholarship can be used for educational expenses including books, fees, transportation, dependent care, tuition and room and board.

Recipients are selected by the Margaret Esposito Scholarship Executive Board of Trustees. Scholarship funds will be disbursed to the recipient through the Financial Aid Office of the college, university or technical/vocational school of attendance.

## Selection Criteria

1. The applicant must have been a resident of McLean County for at least one year prior to applying for the scholarship.
2. The applicant must be:
  - a) The custodial parent providing half or more of the financial support of at least one child, **or**
  - b) 24 years of age or older at the time the application is completed.
3. The applicant must demonstrate financial need as determined by his/her institution's Financial Aid Office. **Applicants must file the "Free Application for Federal Student Aid" (FAFSA), available in January for the following academic year.** Applicants can file online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) . By completing this scholarship application, applicants agree to allow the Margaret Esposito Executive Board access to their Financial Aid information to determine eligibility.
4. The applicant must show commitment to a plan for completion of either an academic or technical program at one of the colleges, universities, or technical/vocational schools located within the McLean County area. Each applicant must meet the following criteria by submitting official college transcript(s) indicating:
  - a) Successful completion of at least 12 credit hours of academic or technical work leading to degree requirements with a cumulative grade point average (GPA) of 2.0 or above, **and**
  - b) Current enrollment of at least 6 credit hours required for that degree or program.
5. The completed application and supporting documentation must be submitted by June 15<sup>th</sup> for the fall semester, October 15<sup>th</sup> for the spring semester or March 15<sup>th</sup> for the summer semester.
6. An interview with the selection committee will be required if you are one of the finalists. A photograph will be taken and used for publicity purposes.

*THE MARGARET ESPOSITO SCHOLARSHIP WILL BE AWARDED REGARDLESS OF THE APPLICANT'S RACE, RELIGION, NATIONAL ORIGIN, SEX OR HANDICAP (DISABILITY).*

# MARGARET ESPOSITO SCHOLARSHIP APPLICATION

## Instructions for Completing Application

- 1) Application is to be completed by the applicant (Sec. I-IV) & the Institution (Sec. V). *Please type or print clearly.*
- 2) Submit official college transcript(s) (attach to application). (See #4 under Selection Criteria)
- 3) Attach catalog pages documenting the requirements for the degree/program for which you are/will be enrolled as indicated in Section III below.
- 4) Provide one letter of reference (attach to application).
- 5) Complete Section I, II, III, and IV of this application.
- 6) Complete Section V of this application with your name, Student ID number and then have your Financial Aid Office complete the remainder of the section – returning it to you upon completion.
- 7) Completed application and all supporting documentation must be received by **JUNE 15<sup>th</sup>** for fall, **OCTOBER 15<sup>th</sup>** for spring or **MARCH 15<sup>th</sup>** for summer. Send to:

Margaret Esposito Scholarship  
McLean County Extension Foundation  
402 North Hershey Road  
Bloomington, IL 61704

### SECTION I:

Applicant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Preferred Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

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

How long have you lived in McLean County? \_\_\_\_\_

Have you received this scholarship in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

### SECTION II: EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

Institution's Name \_\_\_\_\_ City \_\_\_\_\_

Major/Type of Training \_\_\_\_\_

Degree/Certificate Sought \_\_\_\_\_ Expected Date of Completion \_\_\_\_\_

Indicate the term for which you are applying by entering the number of credit hours for which you expect to enroll:

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Date Term Begins \_\_\_\_\_ Date Payment Must Be Made \_\_\_\_\_

### SECTION III: EDUCATIONAL INSTITUTION AT WHICH THE STUDENT WILL BE ENROLLING NEXT SEMESTER (If different from institution listed above)

Institution's Name \_\_\_\_\_ City \_\_\_\_\_

Major/Type of Training \_\_\_\_\_

**SECTION IV:**

**APPLICANT'S NAME:** \_\_\_\_\_  
(Please type or print clearly)

Summarize your life experiences and academic achievements. You may include your abilities, activities, awards, academic achievements, character, leadership and/or service.

*I certify that the information provided on this application is correct and complete, and I understand that withholding information requested on this application or giving false information may make me ineligible for this scholarship. I authorize my educational institution to release financial information to the Margaret Esposito Executive Board for verification of financial need. I understand that if I am a finalist, I may be photographed or asked to bring a photograph of myself. My bio (submitted with the application) and photograph will not be returned to me but will become the property of the Margaret Esposito Executive Board and may be used in media releases for publicizing the Esposito Scholarship.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

In certain cases scholarships are considered income for federal tax purposes. It is the sole responsibility of the recipient to determine the taxability of the scholarship. Guidance can be found in the Internal Revenue Service's "Publication 520, Scholarships and Fellowships."

**SECTION V:**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

To assist your institution in completion of this section, indicate the term for which you are applying for the scholarship: \_\_\_\_ Fall 20\_\_\_\_                      \_\_\_\_ Spring 20\_\_\_\_                      \_\_\_\_ Summer 20\_\_\_\_

The section below is to be completed by your Financial Aid Office. Please have them complete the form and return it to you. This completed form must be turned in with supporting documentation to be considered for the scholarship.

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**Section Below To Be Completed by Applicant's Institution**

Institution Name: \_\_\_\_\_

Please verify student's current enrollment:

Fall hours enrolled\_\_\_\_\_      Spring hours enrolled\_\_\_\_\_      Summer hours enrolled\_\_\_\_\_

Student's Cost of Attendance – Full Year:      \$ \_\_\_\_\_

Student's Expected Family Contribution:      \$ \_\_\_\_\_

Student's Unmet Financial Need (after aid\*):      \$ \_\_\_\_\_

\*Not including "Self-Help"

Name of Financial Aid Administrator (please print): \_\_\_\_\_

Phone number of Financial Aid Administrator: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address of Financial Aid Administrator: \_\_\_\_\_

*I hereby affirm that the data provided above is accurate and complete.*

\_\_\_\_\_  
Signature of Financial Aid Administrator completing form:

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

Note to Financial Aid Administrators: If you have any questions about this form, please contact Jennifer Fissel at Illinois State University at 309-438-2741.