

## **ROBERT ZIMMERMAN MEMORIAL SCHOLARSHIP**

**Provided through the Hillsboro Educational Foundation, Inc.**

This award is presented to a deserving Hillsboro High School graduate by the many friends and family of Mr. Robert Zimmerman. Mr. Zimmerman was a successful representative of State Farm in the Hillsboro area. He was highly respected and active in community activities and affairs. He provided assistance to many individuals and causes in the community. This award may be used for trade schools, two-year degree programs, or a four-year degree program.

### **CRITERIA**

- Class rank (25%)
- Income of Student and Parent (25%)
- Cost of College Education (25%)
- Available Assets (25%)

**Only completed applications will be considered.** A completed application includes the following:

- Cover sheet completed
- All questions on form completed
- Brief narrative included
- Two letters of recommendation included

### **AWARD**

- These scholarships will be announced at the Hillsboro High School Honors night program by a member of the Zimmerman family or a member of the Hillsboro Educational Foundation Board of Directors.
- Several of the same scholarships, ranging from \$500--\$1000 may be awarded, depending on resources available.

Updated 02/17/2022

## Robert Zimmerman Memorial Scholarship

Name of Applicant: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Place of Employment:

\_\_\_\_\_

# of Siblings: \_\_\_\_\_ # of siblings in college/trade school: \_\_\_\_\_

Explain any unusual demands on your family income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular activities (clubs, work, sports, etc. Attach an extra sheet if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

University/school you will be attending: \_\_\_\_\_

Area of study: \_\_\_\_\_

Attach a brief (2 – 3 paragraphs, typewritten) essay detailing future plans. You should include choice of school, major concentration, and plans after completion.

Please include two letters of recommendation with your application.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THE COMPLETED MATERIALS TO:

HILLSBORO HIGH SCHOOL COUNSELOR'S OFFICE  
522 E. TREMONT STREET  
HILLSBORO, IL 62049