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, Green, Jersey, Macoupin, and Montgomery. The amount will be determined after applications are reviewed. Monetary awards 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 Transcript
College/Institution Acceptance Letter
Photograph

Name:		
Last	First	MI
Birth Date:///  MM DD Y	Sex: Male	Female
Home phone ( )	Cell phone ( )	
Email address		
Address	City	Zip code
Illinois Resident (YES / NO) US	Citizen (YES / NO) County: _	
Parent(s) / Legal Guardian Names		
Last	F	irst
COLLEGE PLAN: Choice College/Institute:		
*Provide copy of letter of acceptance	from your chosen college/institute.	
<b>ESSAY:</b> Write an essay of 300-500 w justice, fire science, or public safety. your long term goal and how you hop information that is relevant to your cathe page.	The occupation you propose to purse to achieve them. The essay may a	sue after graduation, also include any other
Signature of Student and Parent is an accredited school or institution to obta also certify that the statements and do knowledge.	ain a state approved license or degre	ee. These signatures
Signature of Student Date:	Signature of Pa	arent

## $Bob\ Price\ Memorial\ Scholarship-Activities\ \&\ Awards$

PLEASE <u>LIST</u> THE REQUESTED INFORMATION IN THE FOLLOWING AREAS LIMIT YOUR ANSWERS TO THE SPACE ON THIS PAGE (12-pt font)

111/11 1	TOOK ANSWERS TO T	THE SPACE ON THIS PAGE (12-pt 1011t)
1.	SCHOOL ACTIVIES:	(athletics, societies, clubs, programs, memberships, etc
2.		<b>TIVITIES:</b> (work experiences, volunteer activity, y, church, scouts, etc.) Include offices or positions held.
3.	RECOGNITION & AV scholarships)	VARDS: (National, State, Local or School honors, awards, and

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:  Please note: An official copy of the student envelope with this statement.	Current grade point Average:lent's transcript is required and can be sealed in the
Please, comment in a <b>150 words or less</b> of scholarship award. This will be kept stric	on the qualifications and need of this applicant for a ctly confidential.
	Signed:
	Title:Address:
	Email Address:

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

#### TEACHER'S STATEMENT

oncerning.	Date:		
oncerning:Student's Nar	me Date:		
In your opinion to what extent do you consider this applicant a worthy candidate for th scholarship? Please, comment in a <b>150 words or less.</b>			
	Signed:		
	Signed:		
	Address:		
	Email Address:		

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

### 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.

Concerning:	Date:
Student's	Name Date:
• •	at extent do you consider this applicant a worthy candidate for this omment in a <b>150 words or less.</b>
	Signed:
	Title:Address:
	Email Address: