

# **GUIDELINES OF THE MAX STUCKER MEMORIAL SCHOLARSHIP**

- ALL DOCUMENTS MUST BE ATTACHED AS REQUESTED
- RECIPIENT OF THE SCHOLARSHIP MUST ATTEND AT LEAST TWO (2) REGULAR SCHEDULE MEETINGS OF THE WILLIAMSON COUNTY CRIMESTOPPERS.
- **ALL APPLICATIONS MUST BE COMPLETE AND DATE STAMPED NO LATER THAN (DEADLINE DATE).**
- APPLICANTS MUST MAINTAIN AN 3.0 AVERAGE AND BE ENROLLED IN A CRIMINAL JUSTICE PROGRAM OR A LAW ENFORCEMENT PROGRAM, AS OFFERED BY JOHN A. LOGAN COLLEGE.
- APPLICANTS CAN BE IN THEIR SECOND YEAR AT JOHN A. LOGAN COLLEGE AS LONG THEY MEET THE GUIDELINES. APPLICANTS CAN BE A RETURNING STUDENT OR NEWLY ENROLLED STUDENT.
- APPLICANTS MUST BE A RESIDENT OF WILLIAMSON COUNTY FOR ONE YEAR.
- APPLICATIONS MUST BE SENT TO WILLIAMSON COUNTY CRIMESTOPPERS, INC., P. O. BOX 605, ENERGY, ILLINOIS 62933

Please include this checklist with your application and sign below.

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

**The Max Stucker Memorial Scholarship Fund**  
**\$500.00**

**SCHOLARSHIP APPLICATION**

Williamson County CrimeStoppers, Inc.  
P.O. Box 605  
Energy, IL. 62933

Full Name: \_\_\_\_\_

Home or Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ An applicant must reside in Williamson County at least one year for qualification of this scholarship.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_

Mother's or Guardians's Address (if different from Father's): \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

**Applicant's Educational Record:**

Date or anticipated date of High School graduation: \_\_\_\_\_

Name and Address of High School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

H.S. Scholastic Average: \_\_\_\_\_ Diploma Type: \_\_\_\_\_

SAT Scores V: \_\_\_\_\_ \*\* M: \_\_\_\_\_ \*\* Date (s) Taken: \_\_\_\_\_

ACT Scores: \_\_\_\_\_ Date (s) Taken: \_\_\_\_\_

Professional Education References:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Name & Title)

**Academic and Extracurricular Activities:**

Academic Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Club Memberships and Offices held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF GOALS:**

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Write a paragraph describing your academic and career goals, how this scholarship will help you achieve them, and why you feel that you should be awarded this scholarship.

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**STATEMENT OF NEED:**

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Write a paragraph indication why you need a scholarship in order to attend College.

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College you plan to attend: \_\_\_\_\_ \*\*

Have you been accepted by a College? \_\_\_\_\_ Courses of Study you expect to pursue: \_\_\_\_\_

\*\*Please notify the Scholarship Committee when you have been accepted by John A. Logan College. Please provide a copy of your acceptance letter, a certified copy of your High School transcripts, a letter of recommendation and SAT/ACT scores with this Application. **Applicants must be enrolled or enrolling in the law enforcement or criminal justice educational program.**

I hereby certify that the information provided in this application is true to the best of my knowledge and abilities.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)