

Stig P. Orum Memorial Foundation

SCHOLARSHIP/GRANT APPLICATION

THE STIG P. ORUM MEMORIAL FOUNDATION MISSION

"To promote the betterment of young people and the safe-keeping of human lives; to encourage education, leadership, and respect of humanity and the environment, in the spirit of Stig P. Orum."

This application must be postmarked by February 28th to be considered for the current year. Applications are preferred to be typed; if handwritten, they must be legible in order for the application to be considered and must be completed by the applicant themselves. Applications can be completed and submitted at stigorumfoundation.com. Alternatively, applications are accepted by mail.

GENERAL INFORMATION

NAME \_\_\_\_\_ (Individual)

DATE OF BIRTH \_\_\_\_\_  M  F SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, of what country are you a citizen? \_\_\_\_\_

Where did you hear about the Stig P. Orum Memorial Foundation?  
\_\_\_\_\_

What is your connection to the Fox Valley or to the Stig P. Orum Memorial Foundation?  
\_\_\_\_\_  
\_\_\_\_\_

FUNDING

What is the full amount you are applying for? \_\_\_\_\_

Have you applied for funds from this foundation before?  Yes  No

If yes, when? \_\_\_\_\_

Are you funded in any other way?  Yes  No

If yes, please list sources and amounts contributed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stig P. Orum Memorial Foundation • P.O. Box 506 • St. Charles, Illinois 60174  
847.468.2004

**REFERENCES**

Please provide at least three references. Without completing this portion of the application, you will not be considered for funding:

	1	2	3
Name			
Position			
Relationship			
Address City, State, Zip			
Phone			
Email			

**EDUCATION**

School you are now attending (or last attended) \_\_\_\_\_

\_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Rank in Class \_\_\_\_\_ Grade Point Average \_\_\_\_\_

SAT\* Scores: (\*optional) English \_\_\_\_\_ Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Writing \_\_\_\_\_

SAT\* Composite (\*optional) \_\_\_\_\_ Date test was taken \_\_\_\_\_

School you plan to attend \_\_\_\_\_

Address \_\_\_\_\_

Field of study \_\_\_\_\_ Degree Anticipation \_\_\_\_\_

Career plans after school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list by academic year:

FRESHMAN	SOPHOMORE	JUNIOR	SENIOR
Extracurricular School Activities (athletics, organizations, clubs, plays, etc.)			
Work Experience (list any significant work experience in the past two years)			
Community/Campus Involvement (volunteer work, charity work, leadership roles, etc)			

**FAMILY**

	Father	Mother
Name		
Employer (Name & Address)		
Occupation / Title		
If either of your parents are veterans, please provide this information:		
Branch of Service		
Dates of Service		

Family Annual Income [Father and Mother/Guardian(s)]

\$ \_\_\_\_\_

Complete the section below for all dependents listed on your family's most recent income tax return:

Name (first and last)	Year Born

(If additional space is needed please use reverse side of this sheet)

Please indicate the year, make and model of all cars driven by the family. (Do not include cars owned by people who are not claimed as dependents on the income tax return)

	1	2	3	4
Year				
Make				
Model				

(If additional space is needed please use reverse side of this sheet)

Please comment on the extent to which you need financial assistance. Please list all scholarships for which you have applied, and scholarships you have been awarded and the amounts.

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Briefly (75 words) discuss your personal achievements and/or goals that you have reached the last four years which hold significant value to you and why.

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**ADDITIONAL INFORMATION**

Please include any additional information which you feel may help demonstrate need or qualifications, for example, high school letters of reference, essays, SAT score, Common Core Reports, photographs, etc.

**HIGH SCHOOL TRANSCRIPT**

To be eligible for the scholarship, we request a copy of your high school transcript. It may be attached or sent directly via mail to the Stig P. Orum Memorial Foundation no later than February 28<sup>th</sup>.

If selected for a scholarship grant, may we share your name, course of study and the college or university you are attending on our website to indicate you are a scholarship recipient? If yes, please sign here:

(Signature) \_\_\_\_\_