

### PURPOSE AND INTENT

RAMM offers a limited number of scholarships to African-American high school seniors in Winnebago County. The purpose of the RAMM scholarship is to recognize and reward personal and academic achievement and to help defray the cost of higher education.

### ELIGIBILITY

- Must be an African-American high school senior enrolled in a Winnebago County school
- Must have a minimum grade point average (GPA) of **2.75 on a 4.0 scale**.
- **Must attend an accredited 2- or 4- year college or university.**
- **SUBMIT APPLICATION NO LATER THAN December 7, 2019.**

### REQUIRED DOCUMENTATION

- A completed **online** application. **(Reminder: Be sure to indicate whether the application is for a 2-year or 4-year college or university.)**
- **Official transcript** containing class rank and ACT/SAT scores.
- **Name and email information** of two individuals who can provide recommendations on your behalf. The applicant is responsible for providing the email contact of the two recommenders by **December 7, 2019.**
- A **typewritten essay of up to 500 words** answering the following:

**Describe something you have done during the past year that has made a difference in either your school or neighborhood or community.**

- **Online E-Signature**

### EVALUATION CRITERIA

1. Academic performance based on ACT/SAT scores and high school grades.
2. Extra-curricular activities/employment.
3. Community service.
4. Oral and written communication skills based on personal statement and interview.
5. Name and email information of two individuals who can provide recommendations on your behalf.

### TIMING

1. All information must be completed and received by **December 7, 2019, WITHOUT EXCEPTION.** Applications received after the deadline date – **December 7, 2019--** will not be accepted.

#### REMINDER –

**ONLINE:** Completed application with essay

**REFERENCES:** Please fill in the information requested at the top of each recommendation form and email the recommendation to each one of the references. They are responsible for sending it to [rammrkfd@gmail.com](mailto:rammrkfd@gmail.com).

**U.S. MAIL:** Official transcript mailed to: **Rockford Association for Minority Management  
PO Box 6703  
Rockford, IL 61125  
Attention: Scholarship Chairperson**



PO BOX 6703  
ROCKFORD, ILLINOIS 61125

# 2020 SCHOLARSHIP APPLICATION

**PLEASE CHECK ONE:**    2-Year    4-Year

\_\_\_\_\_  
**LAST NAME                      FIRST NAME                      MIDDLE NAME                      DATE OF BIRTH**

\_\_\_\_\_  
**ADDRESS    CITY    STATE    ZIP**

\_\_\_\_\_  
**PHONE:              HOME    CELL    E-MAIL ADDRESS**

\_\_\_\_\_  
**PREFERRED METHOD OF CONTACT:               HOME                       CELL                       E-MAIL**

\_\_\_\_\_  
**HIGH SCHOOL              GRADUATION DATE              HIGH SCHOOL COUNSELOR              COUNSELOR'S PHONE #**

\_\_\_\_\_  
**PARENT OR GUARDIAN    ADDRESS    PHONE**

\_\_\_\_\_  
**PARENT(S) PLACE OF EMPLOYMENT    PARENT(S) WORK ADDRESS & PHONE**

\_\_\_\_\_  
**PARENT(S) PLACE OF EMPLOYMENT    PARENT(S) WORK ADDRESS & PHONE**

\_\_\_\_\_  
**TEST SCORES:    ACT (Composite) \_\_\_\_\_    SAT (Composite) \_\_\_\_\_    Date \_\_\_\_\_**

\_\_\_\_\_  
**RETAKE:    Yes    Date \_\_\_\_\_    No    \_\_\_\_\_**

**Courses taken and the grades received for the junior and senior years of high school. If you do not know your grades for courses you are currently taking, approximate a grade based on test scores. -**

JUNIOR COURSES	GRADES	SENIOR COURSES	GRADES

\_\_\_\_\_  
**CLASS RANK \_\_\_\_\_ DATE: \_\_\_\_\_                      CUMULATIVE GPA \_\_\_\_\_ DATE: \_\_\_\_\_**

\_\_\_\_\_  
**PLANNED COLLEGE MAJOR AND/OR CAREER GOAL**

\_\_\_\_\_  
**TWO SCHOOLS YOU ARE CONSIDERING**

1. \_\_\_\_\_

2. \_\_\_\_\_



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# 2020 SCHOLARSHIP APPLICATION

## COMMUNITY/CIVIC ACTIVITIES, ACADEMIC AWARDS OR EMPLOYMENT

List all extracurricular activities past or present. Include organizations and activities both in and out of school. Provide supplemental sheet if needed.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Scholarships or grants applied for/received; academic or community awards received.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Current and previous employment. (Begin with most recent)

Dates of  
Employment

Name and address of employer:

_____	_____
_____	_____
_____	_____

Career choices:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

List the names, as well as email/phone contact information of two individuals other than relatives who will provide recommendations on your behalf. **Please inform your references the recommendation is due DECEMBER 7, 2019.**

Name	E-Mail/Phone
_____	_____

Name	E-Mail/Phone
_____	_____

<b>Applicant's E-Signature</b> _____	<b>Date</b> / / <b>2019</b>
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PO BOX 6703  
ROCKFORD, ILLINOIS 61125

## 2020 SCHOLARSHIP APPLICATION

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### ESSAY

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**NAME OF APPLICANT**

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Please type an essay of up to 500 words answering the following:

**Describe something you have done during the past year that has made a difference in either your school, your neighborhood, or your community.**

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**RECOMMENDATION #1**

**PLEASE FILL IN THE FOLLOWING INFORMATION AND FORWARD THE FORM TO THE RECOMMENDER.**

<b>APPLICANT</b>	<b>DATE OF REFERENCE:</b>
<b>NAME OF REFERENCE:</b>	<b>PHONE</b>
<b>EMAIL:</b>	

Thank you for taking time to provide a reference for the above-named individual. We would appreciate your candid assessment of the above-named student by answering the following questions. **This reference is to be emailed to [rammrkfd@gmail.com](mailto:rammrkfd@gmail.com) and received NO LATER THAN December 7, 2019. Documents received after the December 7, 2019 will not be accepted.**

1. Please detail how long you have known the applicant and define your current relationship to the applicant. (minimum 50 words)
  
2. Have you ever given the applicant an assignment to work on? \_\_\_\_\_ If yes, describe the assignment and how the applicant followed through with his/her portion of the duties or responsibilities?
  
3. Based on your experience with this individual, please list and describe three characteristics you find the applicant to possess. (minimum 100 words)
  
4. Please complete the following sentences regarding this applicant:
  - a. I would best describe this individual as
  
  - b. This person's strengths include
  
  - c. This person could be more effective if he/she worked to improve
  
5. Is there anything else you might be able to tell us about the individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?

**RECOMMENDATION #2**

**PLEASE FILL IN THE FOLLOWING INFORMATION AND FORWARD THE FORM TO THE RECOMMENDER.**

<b>APPLICANT</b>	<b>DATE OF REFERENCE:</b>
<b>NAME OF REFERENCE:</b>	<b>PHONE</b>
<b>EMAIL:</b>	

Thank you for taking time to provide a reference for the above-named individual. We would appreciate your candid assessment of the above-named student by answering the following questions. **This reference is to be emailed to [rammrkfd@gmail.com](mailto:rammrkfd@gmail.com) and received NO LATER THAN December 7, 2019. Documents received after the December 7, 2019 will not be accepted.**

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3. Based on your experience with this individual, please list and describe three characteristics you find the applicant to possess. (minimum 100 words)
  
4. Please complete the following sentences regarding this applicant:
  - d. I would best describe this individual as
  
  - e. This person’s strengths include
  
  - f. This person could be more effective if he/she worked to improve
  
5. Is there anything else you might be able to tell us about the individual that would help us to make a decision regarding the awarding of a scholarship to this applicant?

**CONSENT FORM**

I would like to be considered for additional funds from outside sources that may become available to RAMM scholarship applicants.

YES

NO

**I hereby authorize RAMM to provide the information contained in this application to other scholarship sources.**

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Applicant's Name

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Applicant's E-Signature

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I,  agree  do not agree to allow RAMM to use my likeness (photo/interview video) for the RAMM Scholarship Committee review process and/or the RAMM Scholarship Program and presentations.

I,  agree  do not agree for RAMM to share my contact information for internship opportunities.

Please print parent(s) / guardian(s) name(s) as you would like them to be announced at the RAMM Scholarship Banquet. (You may list both parents if desired.)

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Parent's or guardian's name

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Parent's or guardian's name

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