



# State Senator Michael Bond

## GENERAL ASSEMBLY SCHOLARSHIP APPLICATION

31<sup>st</sup> State Senate District Office  
1156 E. Washington Street  
Grayslake, Illinois 60030  
(847) 752-7004  
www.MichaelBond31.com

### CONTACT INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### COLLEGE PREFERENCE

College Preference \_\_\_\_\_ Campus \_\_\_\_\_

Program of Study \_\_\_\_\_ Start date (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

### HIGH SCHOOL INFORMATION

High School Attended \_\_\_\_\_ H.S. Rank \_\_\_\_ Number in Class \_\_\_\_\_

ACT Composite Score \_\_\_\_ SAT Composite Score \_\_\_\_ Graduation Month/Year \_\_\_\_/\_\_\_\_/\_\_\_\_

### COLLEGE INFORMATION *(complete this section if you have completed college course work)*

Current Year in College \_\_\_\_\_ College GPA \_\_\_\_ Graduation Month/Year \_\_\_\_/\_\_\_\_/\_\_\_\_

College Address \_\_\_\_\_ Phone at College \_\_\_\_\_

### ADDITIONAL INFORMATION

Indicate your Citizenship: U. S. Citizen \_\_\_\_\_ Or Permanent Resident Alien \_\_\_\_\_

If Permanent Resident Alien, Please Indicate Country of Citizenship \_\_\_\_\_,  
And Enclose a Copy of Your Alien Registration Card.

This information is required for state university applications.

Number of Siblings in College \_\_\_\_\_ List Siblings' Ages \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Position \_\_\_\_\_