

## 2017 Joseph Savino Undergraduate Scholarship Application

The Association of Illinois Township Committees on Youth (AITCOY) is a statewide voice and resource for communitybased human services agencies, which provide educational, emotional, recreational, and social opportunities for youth and families. AITCOY offers a \$500.00 scholarship to a high school senior based on the following criteria: Applicant must demonstrate an interest and participation in serving the youth of his or her community, have a "B" grade point average or above, demonstrate leadership qualities, and has a plan to pursue college and major in one of the following fields: social work, counseling, psychology, youth recreation, youth prevention, or sociology. Two winners will be awarded.

| Name:                        |  |  |  |
|------------------------------|--|--|--|
| Address:                     |  |  |  |
| Phone:                       | one: Date of Birth:  |  |  |
| Email:                       |  |  |  |
| Township you live in:        | High   | High School Attending:   |  |
| Guidance Counselor Name      | and Phone:   |  |  |
| G.P.A.:                      | ACT Score:   | OR SAT Score:  |  |
| School Activities and Orga   | ınizations:  |  |  |
| year for 2 calendar years    | during high school from a youth                                    | separate documentation of at least 35 volunteer hours per<br>project or organization.  |  |
| • •                          |  |  |  |
| Accepted:                    | Mdjor:   |  |  |
| Please I nclude the followin |  |  |  |
| *Official High School Trans  | cripts * Two Letters of Reference<br>recommendation mus            | ence (no relatives or friends please)-one of the letters of<br>t be from the organization where volunteer work was<br>nust be on official letter head with signatures. |  |
| *100 word essay describin    | g your educational goals-(anyth                                    | ing over 100 words will be disqualified).  |  |
| Signature of Applicant:      |  | Date:  |  |
| Please mail application and  | d required supporting documents                                    | in one envelope to:  |  |
| Dea                          | 313 Gale Stra<br>Aurora, IL 605<br>Ph: (630) 859<br>Email: scholar | hip Youth Services<br>eet  |  |