

SCHOLARSHIP COMMITTEE CHAIRMAN:

Matt Bahena Cargomatic

BUSINESS MANAGER:

Paul Hoffmann P.O. Box 2762 Naperville, IL 60567

www.intermodalofchicago.org

To All Members

The Intermodal Association of Chicago is seeking candidates for our annual scholarship award program. The candidates should meet the following criteria:

- 1. Candidate must have a direct family relationship to the sponsor, such as spouse, child (including step and foster), or grandchild. (Nieces, nephews, cousins, brothers or sisters are not eligible.)
- 2. Sponsor must be an active member of the Association for a minimum of two consecutive years, including the year in which an applicant applies for an award.
- 3. The candidate will be a full time student (defined as a minimum of 12 credit hours per semester), enrolled in an accredited university or junior college, and working towards a degree.
- 4. The candidate will be required to complete the attached application. The application should be completed in its entirety in order to receive full or even partial consideration.
- 5. A current or recent grade transcript (official or unofficial) is required by Sophomores, Juniors, and Seniors. Incoming freshman will be required to furnish a course schedule upon registration before the scholarship award will be disbursed.
- 6. Deadline for submission of completed applications is July 15, 2024.

It is our pleasure to offer this financial assistance to students who meet our scholarship criteria.

Send Completed Applications via your choice:

ONLINE: https://bit.ly/2r1HprV

EMAILED: scholarship@intermodalofchicago.org as an attachment (PDF format preferred)

MAILED: Intermodal Association of Chicago P.O. Box 2762 Naperville, IL 60567



SCHOLARSHIP APPLICATION

DEADLINE: Application must be received by: July 15, 2024

Student Full name
Address
City, State, & Zip code
Phone numbers: Home: Cell or other:
Student Email address
Student's relationship to IAC member (daughter, son, etc.)
IAC Member name & employer
Has member ever held a position on the IAC Board or been on a Committee?
If yes, when and what position?
College or University attending
Your school I.D. or Social Security Number
Entering academic year: 1st yr. 2nd yr. 3rd yr. 4th yr. or, Grad. School and G.S. year
Number of HOURS (semester or quarter) you expect have completed <u>prior</u> to this fall term:
Full time Number of hours this semester: Gross Tuition per semester
Primary area of concentration:
Secondary area of concentration:
Will you be employed while going to school? Yes No
Job title: Employer:
Are you currently receiving scholastic financial aid?
Amount: Source:
Briefly outline your current educational and long range occupational goals. Add any unusual circumstances the scholarship committee should consider.
Sponsor (IAC Member) Signature