



The vision of the African American Heritage Advisory Board is to preserve the history and the culture Africans and Americans of African descent. It shall seek to emphasize the contributions of Americans of African descent and their contributions to the City of Aurora, world history, American history, life, cross culture, and democracy.

## College Scholarship Requirements Checklist

- \_\_\_\_\_ High School Senior in good academic standing with a minimum 2.50 G.P.A. on 4.0 scale (3.50 G.P.A. on 5.0 scale).
- \_\_\_\_\_ African American descent.
- \_\_\_\_\_ A resident of Aurora or attend a school located in Aurora.
- \_\_\_\_\_ Completed, signed and dated application.
- \_\_\_\_\_ Official sealed copy of transcripts from all of the high schools you have attended – sent directly from the high schools to the Community Services Department.
- \_\_\_\_\_ 2 letters of reference supporting your commitment to educational excellence and community service:  
(please use College Scholarship Recommendation Form)
  - \_\_\_\_\_ 1 reference from an educator or counselor of your high school who can support your educational excellence and extracurricular activities.
  - \_\_\_\_\_ 1 reference from an organization you've volunteered and provided community service.
- \_\_\_\_\_ Personal essay explaining in 500 words or less how you will use your education to advance the African American community.
- \_\_\_\_\_ Submit an up to date resume (please look at Sample Resume Template).
- \_\_\_\_\_ Signed Assignment of Rights & Consent to Publish Scholarship Information form.

Selected applicants will be notified by January 29, 2016 and award presentation will take place during the African American Heritage Advisory Board's Annual Heritage Awards Dinner on February 26, 2016.

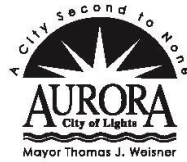
*Please note that a packet will be sent to scholarship awardees requesting additional documentation for distribution of funds, such as a copy of the college acceptance letter, official class schedule, W-9 Form or ITIN#, etc.*

Please complete the application in its entirety. Failure to do so will result in your application being incomplete and disqualified from the selection process. In order to ensure the scholarship's integrity, applicants must meet all requirements. Please note that all materials submitted become the property of the African American Heritage Advisory Board, and will not be returned after the selection process.

**Toussaint Smith, Chairman**  
African American Heritage Advisory Board  
[tou828@gmail.com](mailto:tou828@gmail.com)

**Patricia Holt, Vice-Chairman**  
African American Heritage Advisory Board  
[pagivandholt@sbcglobal.net](mailto:pagivandholt@sbcglobal.net)

# Aurora Heritage Advisory Boards Scholarship Application



*I am applying for the African American Heritage Advisory Board Henry Cowherd, Jr. Scholarship \_\_\_\_\_*  
*I am applying for a Hispanic Heritage Advisory Board Scholarship (I'm in 12<sup>th</sup> Grade \_\_\_\_ or in College \_\_\_\_)*

## **Applicant Information**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

## **High School Student Information**

Name of Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Colleges You Are Interested In: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Your Interests of Study: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## **College Student Information**

Name of School You Are Enrolled In: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Major Field of Study: \_\_\_\_\_ Your Minor Field of Study: \_\_\_\_\_

**Please mail all of the information and materials requested postmarked by December 11, 2015 or hand delivered by 4:00pm on December 14, 2015.**

**By Mail:** Community Services Department  
44 East Downer Place  
Aurora, IL 60507  
Attention: Dee Hakala

**Hand Delivered:** Community Services Department  
51 East Galena Blvd  
Aurora, IL 60507  
Attention: Dee Hakala

**Community Services Information:** [dhakala@aurora-il.org](mailto:dhakala@aurora-il.org)

Phone: (630) 256-3400 Fax: (630) 256-3329

## College Scholarship Recommendation Form

**Students**, please give this form to the person who will be providing a reference for you. The person providing the reference for you, needs to mail the completed form directly to the City of Aurora Community Services Department. This form is to be filled out by a teacher, counselor, mentor, community leader, or organization representative.

### Dear Teacher, Counselor, Mentor, Community Leader, or Organization Representative:

Please completely fill in the information requested below and attach a letter of recommendation explaining why you believe this student should receive a scholarship.

Name of Student: \_\_\_\_\_

Name of School Student is Attending: \_\_\_\_\_

Student is a: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Full Name of Person Providing the Reference: \_\_\_\_\_  
(please print)

Name of Organization (for non- school reference providers): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Person Providing Reference: \_\_\_\_\_

Date: \_\_\_\_\_

### Please send this form with your letter of recommendation to:

**(By Mail):** Community Services Dept., 44 East Downer Place, Aurora, IL 60507, Attention Dee Hakala

or

**(By Email):** [dhakala@aurora-il.org](mailto:dhakala@aurora-il.org)

or

**(By Fax):** (630) 256-3329

## ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, \_\_\_\_\_, do hereby give the City of Aurora irrevocable full rights and license to publish, reproduce, transmit and otherwise use, in any manner, in any and all media now or hereafter devised, my son or daughters name (or my name if 18 years or older), where we live (or I live if 18 years or older) {city, state, and county only}; actual street addresses and phone numbers will not be disclosed), college my son or daughter will be attending (or I will attending if 18 years or older), and photographs that I have provided for any purpose deemed appropriate by the City of Aurora.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by the City of Aurora in its print or electronic correspondence, or on its website.

By signing this agreement, I agree to hold harmless and release the City, its elected officials, employees, agents, representatives, departments, divisions, committees, advisory boards, including, without limitation, the African American Heritage Advisory Board and the Hispanic Heritage Advisory Board, from any and all claims, liabilities, demands, actions, causes of action, costs and expenses (including attorneys' fees and court costs) whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, arising out of or related to, in any way, the use and/or publication of the scholarship information.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates the City of Aurora to publish or use the above-described information.

By signing the application and providing supporting documents, it is agreed that the materials submitted are true and accurate. If selected as a scholarship recipient, the monies must go toward payment of furthering attainment of education and its costs such as tuition, books, student fees, and room and board.

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature (if 18 years or older)

\_\_\_\_\_  
Date

# Sample Resume Template

## First Name & Last Name

100 Some Street, Aurora, IL 60505

Home: (555) 555-5555 \ cell (555) 123-4567 \ [j.smith@someaddress.com](mailto:j.smith@someaddress.com)

## Education

Your College, City, State

2011 - Present

Your High School, Aurora, IL

2007-2011

## Experience [Your Part Time Job (if you have one)]

Some Business

June 2005 – Present

- Your job duties here
- Provide customer service
- Operate computerized cash register system

## Child Care

December 2003 – Present

- Provide child care for several families after school, weekends, and during school vacations.

## Achievements {examples below}

- National Honor Society: Dates
- Academic Honor Roll: What school year?

## Volunteer Experience {examples below}

- Your volunteer experience
- Heritage Advisory Board
- Some after school tutoring/mentoring/community service

## Interests / Activities {examples below}

- Member of Your High School Soccer/Basketball/Football/Cheer Leading Team/etc.
- Girl Scouts/Boy Scouts/etc.
- Sports Club/Computer Club/Spanish Club/African-American Club/Student Council/etc.

## Computer Skills

Proficient with Microsoft Word, Excel, Power Point, and the Internet