

PKU Organization of Illinois Andrew Craig Memorial Scholarship Application

Please complete ALL information requested (Print clearly or Type)

Completed form is to be mailed by August 31st to:

PKU Organization of Illinois
Attn: Andrew Craig Memorial Scholarship
P.O. Box 102
Palatine, IL 60078-0102

APPLICANT DATA:

Name: _____
 First Middle Last

Birth Date: _____

Permanent Mailing Address: Street: _____
 City: _____
 State: _____
 Zip: _____

Contact Telephone Number: (_____) _____
 (Area Code)

Current Email Address: _____

The undersigned hereby acknowledges that the prescribed criteria for eligibility for award of scholarship funds of the PKU Organization of Illinois have been met, and that the information provided within this application is correct.

Applicant Signature: _____

COLLEGE/UNIVERSITY/VOCATIONAL INSTITUTION DATA:

Name of Institution: _____

Address of Institution: _____
 (City) (State) (Zip)

Month and Year of first semester attended: _____