CHRIS & KATHERINE BOULOS FOUNDATION  
230 West State Street, Sycamore, IL 60178  
Application available at: www.firstmidwest.com/wm_scholarships/

1. This scholarship is available to graduates of DeKalb High School & Sycamore High School who attend Kishwaukee College full time.

2. Scholarships are awarded for one academic year only. A student who has received a previous Foundation scholarship must submit an application for each succeeding year.

3. DO NOT LEAVE ANY QUESTION UNANSWERED. If an item does not apply to you, write N/A in the blank. If you need more space, use additional paper and identify each response by the section and item number. Make sure your name and address appear on these additional pages.

4. You must complete all questions on parents’ income, whether they are or are not helping you financially with your college education. This information can be obtained from their income tax return for the award year. In certain situations, the committee may require a copy of the income tax return.

5. The following must be received no later than April 1st prior to the academic year for which aid is being requested (check off each one as you collect and complete).

   Completed/Signed Application in ink or typed into this Adobe Writeable form.
   Completed School Certification (if applicable, otherwise Verification of Enrollment)
   Certified High School Transcript (if applicable)
   Certified College Transcript
   Personal Letter of Recommendation (This signed letter must be written by someone other than yourself and must be dated in the current year. Prior year letters will not be accepted.)
   Academic Letter of Recommendation (This signed letter must be written by someone other than yourself and must be dated in the current year. Prior year letters will not be accepted.)

PLEASE NOTE: THE ABOVE ITEMS MUST BE POSTMARKED OR RECEIVED BY THE TRUST DEPARTMENT NO LATER THAN 5:00 P.M. ON APRIL 1ST. IF APRIL 1ST FALLS ON A WEEKEND, THE DEADLINE WILL BE 5:00 P.M. THE FOLLOWING BUSINESS DAY. FAILURE TO TIMELY SUBMIT ALL DOCUMENTATION WILL RESULT IN AUTOMATIC DISQUALIFICATION.

Mail to or Drop Off at location below Monday-Friday between 9:00 a.m. to 5:00 p.m.
Chris & Katherine Boulos Foundation
First Midwest Bank
230 West State Street, Third Floor
Sycamore, IL 60178
(779) 222-7020

*Relatives of employees or directors of First Midwest Bank should contact the Trust Department of First Midwest Bank to determine eligibility for this scholarship.
CHRIS & KATHERINE BOULOS FOUNDATION
Administered by
First Midwest Bank
230 West State Street
Sycamore, IL 60178
Phone (779) 222-7020

SCHOLARSHIP APPLICATION

I. PERSONAL

1. Name______________________________ 2. Age_____ 3. Birthdate__________
4. Permanent Address____________________
5. Email Address________________________
6. Home Phone__________________________ 7. Cell Phone________________________
8. Marital Status☐ Single ☐ Divorced ☐ Widowed
☐ Married ☐ Separated
9. Sex ☐ Female ☐ Male
10. Veteran ☐ Yes ☐ No
11. Last 4 digits of social security number________________________
12. Name of Spouse_______________________
13. Address of Spouse_____________________
14. Name and Ages of Dependents
   ________________________________
15. Present Employer_______________________
   Position Held________________________ Hours/Week_________________
16. Prior recipient of Boulos Scholarship?_____ If yes, year(s)__________________

II. FAMILY

1. Father’s Name________________________
   Address____________________________
   Occupation__________________________
   Annual Income_______________________
2. Mother’s Name________________________
   Address____________________________
   Occupation__________________________
   Annual Income_______________________
FAMILY (continued)

3. Will your parents assist with your educational expenses? □ Yes □ No
   If yes, what amount will they contribute for the period covered by this application?
   $________________________

4. Are there special circumstances that limit the amount of family assistance possible? If so, please describe.
   ______________________________________________________
   ______________________________________________________

5. Will you be receiving any other scholarships? □ Yes □ No
   Amount(s)________________________

6. Will any of your siblings be in college or graduate school during the year for which you are applying? □ Yes □ No
   If yes, how many?________________

III. EDUCATIONAL

1. Current Year in School □ Senior in High School
   □ Freshman in College

2. High School attended? □ DeKalb □ Sycamore
   Graduation Year________

3. Name of present school
   ______________________________________________________

4. College major
   ______________________________________________________

5. Expected graduation date________________________

6. Extracurricular Activities (include dates)
   ______________________________________________________
   ______________________________________________________

7. List any academic honors you have received in high school or college
   ______________________________________________________
   ______________________________________________________

8. List any community service organizations in which you have been active within the last three years.
   Activity________________________ Date________________________
   Activity________________________ Date________________________
   Activity________________________ Date________________________
INCOME EARNINGS & BENEFITS

Information for this section should be taken from the income tax returns for the award year. If you have not yet completed your return, you may estimate amounts. The Scholarship Committee may request copies of your return.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Student (&amp; Spouse)</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total Number of Exemptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Adjusted Gross Income</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Social Security Benefits</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Aid to Families with Dependent Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Child Support Received for All Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Other Untaxed Income and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. ASSET INFORMATION

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Student (&amp; Spouse)</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cash Savings &amp; Checking Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Real Estate (other than home) and Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Business Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Business Debt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Farm Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Farm Debt</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The undersigned represents and warrants that the information contained herein is true and correct. The Chris & Katherine Boulos Foundation is authorized to verify the accuracy of this information and to obtain any other information it may require.

____________________________  ______________________________
Date  Signature of Applicant
SCHOOL CERTIFICATION
(to be completed by applicable College or High School guidance department)

1. Name of Student

2. Student’s Address as it appears on school records

3. □ DeKalb High School, 501 West Dresser Road, DeKalb, IL 60115
   □ Sycamore High School, Spartan Trail, Sycamore, IL 60178
   □ Kishwaukee Community College, 21193 Malta Road, Malta, IL 60150

4. Degree Sought
   □ High School Diploma  □ Associates Degree
   □ Other (please specify)

5. Estimated Graduation Date

6. Cumulative GPA

7. Full-Time Student
   □ Yes  □ No

I certify that the applicant whose name appears on this page is enrolled and is in good standing.
To the best of my knowledge, the statements in this Certification are accurate.

Printed Name

Title

Signature

Date