

Multiples of Illinois - Parent of Multiples Scholarship 2019 RANDOM - \$150 Scholarship Application

Application Deadline: September 1, 2019 Must not have been recipient of the 2018 Multiples of Illinois Scholarship

Name of Applicant:			Phone:			
Address:						
					Zip Code:	
E-mail:						
Dependents:	Name		Relationship		Date of Birth	_
Name of insti		higher education	n coursework wa		leted:	_
Name of cour			d be applied to:			
Fall	2018	Winter 2018	/2019	Spring 2019	Summe	r 2019
			ficate / continuir			
			others/parents c cribe your involve		or other comm	unity groups
I verify that	the informati	ion above is cor	rect (if sending b	oy e-mail, you c	an type your na	ıme in below)
			(Signature)			

Please enclose / attach the following:

- Multiple's birth certificates OR arrange for an e-mail from Local Club President indicating that you or your spouse is a current local club member.
- Proof of completion of coursework and final grade by September 1, 2019

Please submit application and additional requested documents to the Multiples of Illinois Scholarship Chair Dawn Cepeda

1S711 Avon Drive Warrenville, IL 60555

E-mail: scholarship@iomotc.org (e-mail preferred)

Phone: 630.269.4416