

David Kacanek Memorial Scholarship Application

2024 - 2025 Academic Year Due 4/29/25

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Birthdate: _____

Eligibility:

You must be a current Hinsdale High School graduating senior who has been accepted at a post-secondary institution of higher learning. **** A copy of your acceptance letter from the college must accompany your application. ****

Method of payment:

Payment will be made at the beginning of the second semester of the first year and again after the second semester grades are final. It is the responsibility of the student to notify the representative of the awarding group (the name of the contact person and successful GPA will be indicated in a letter of notification) that you have successfully completed the first and second semester and wish to have the scholarship applied.

Student responsibility:

If you should change your school of choice after you have received the scholarship, it is your responsibility to tell the scholarship organization. It may mean you no longer qualify for that scholarship.

Professional field you plan to enter:

____ RN ____ LPN ____ Speech ____ Occupational Therapy ____ Physical Therapy

____ Medicine ____ Audiology ____ Nutrition ____ Lab Technology ____ Pharmacy

____ Education ____ Other

School honors, awards and scholastic achievement:

Extracurricular activities (e.g. clubs, sports, hobbies, talents, special interests):

Community Activities (e.g. volunteer work):

Employment History:

Position Held

Period of Employment

of hour per week

_____	_____	_____
_____	_____	_____

College you will attend:

Anticipated college graduation date: _____

Name of College

Address

Cost

_____	_____	_____
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Financial Aid that has been offered to you by the college and/or other sources:

Are there any circumstances which have affected family income in the last year or other unusual circumstances that should be considered by the scholarship committee?

Please provide 3 letters of recommendation (Include names and a contact telephone number):

_____	Tel: _____
_____	Tel: _____
_____	Tel: _____

Write a paragraph (minimum 300 words) about yourself and include:

- Reasons for pursuing the professional field that you have identified,
- Circumstances or individuals that have influenced your career choice.

****Your application will not be considered complete without this paragraph. Attach it to the application.****

Applicant Signature

Date