## rganization

## College of Lake County - Adjunct Faculty Organization

## **Application for 2025 CLC-AFO SCHOLARSHIP**

Please print or type.

Name of Applicant			
Address			
City	State	Zip	Code
Telephone	E	Email	
Name of Current High Scho	ol or High School Attended		
Address of High School			
Date of High School Gradua	ation or Expected Date of Gra	nduation: Month	Year
Name of Current Community	cy College, College, or Univer	rsity (if applicable)	
Address of Community Coll	ege, College, or University (i	f applicable)	
Date of College Graduation	or Expected Date of Graduat	ion: Month	Year
Name of Applicant's Parent	or Guardian or Spouse that i	is a CLC-AFO Union mem	ber
List up to three of your top	college choices:		
decision. I understand that the and CLC-AFO to release information scholarship to review or pub	CLC-AFO Scholarship Award a ne committee's decision is final. ormation provided herein to a licize my qualifications. In add nined in order to determine my d	I authorize the Lake Count ony individual or organizat dition, I understand that m	ty Federation of Teachers ion connected with this ny enrollment status and
Signature of Applicant		Signature of Parent or Guardian	
Date			

Complete applications with all supplementary materials must be received by the Lake County Federation of Teachers, 248 Ambrogio Drive, Gurnee, Illinois 60031 by 400 p.m. on March 3, 2025. FACSIMILIES WILL NOT BE ACCEPTED.