



**ILLINOIS HOUSE OF REPRESENTATIVES  
BARBARA FLYNN CURRIE**

**HOUSE MAJORITY LEADER**

**25<sup>TH</sup> REPRESENTATIVE DISTRICT  
EX OFFICIO MEMBER  
ALL HOUSE COMMITTEES**

1303 E. 53<sup>RD</sup> STREET  
CHICAGO, ILLINOIS 60615  
773-667-0550  
FAX 773-667-3010  
repcurrie@sbcglobal.net

15 March 2010

Dear Student,

Thank you for your inquiry regarding my legislative scholarships. Although the House has voted to eliminate General Assembly tuition waivers, it isn't clear whether the Senate will follow suit. Should they not, I will continue to make the waivers available to residents of the 25<sup>th</sup> Representative District.

Tuition waivers are available only to people who live in the District and have been accepted for admission to one of the state's public universities. My Scholarship Committee has established some additional criteria.

Each lawmaker can give a total of two four-year tuition waivers annually. We generally divide ours and offer eight waivers for one year only, although students can apply for renewal. We ask that applicants exhaust all other avenues of scholarship help before turning to us.

Please read the enclosed checklist, fill out the application and return all of the required items to my office as soon as possible. June 15 is our final deadline. Please note that the names of people who are awarded my waivers are available to the press and to the public.

If you have any questions, please phone or write my office.

Good luck.

A handwritten signature in black ink that reads "Barbara".

Barbara Flynn Currie  
State Representative  
25<sup>th</sup> District

Encl.

**STATE REPRESENTATIVE BARBARA FLYNN CURRIE**  
**1303 E. 53<sup>rd</sup> Street, Chicago, IL 60615 (773) 667-0550**

**FACT SHEET – GENERAL ASSEMBLY SCHOLARSHIPS**

Each year every legislator may award tuition waivers to a limited number of students attending one of the public state universities. Rep. Barbara Flynn Currie's Legislative Scholarship Committee has established the following criteria as a basis for considering applicants.

Any potential recipient of Rep. Currie's Scholarship must:

- a) be accepted for admission to the university at which he or she hopes to enroll
- b) have tried other sources of funds, including the Illinois Student Assistance Commission (for undergraduates), and been rejected
- c) demonstrate financial need
- d) submit a transcript of high school records or college records, if you've already started college work, detailing your academic progress over a 2-year period
- e) submit three letters of recommendation (letters from counselors and classroom teachers, for example)
- f) submit a brief personal statement giving your educational goals, career goals, and other information you think relevant
- g) satisfy the other requirements of the state—that the student be at least 16 years old and a resident of the 25<sup>th</sup> Representative District
- h) follow the enclosed checklist to ensure all required items have been submitted.

Students may also be asked to have a personal interview with Rep. Currie and the members of the Scholarship Committee.

# General Assembly Scholarship Application Check List

From: \_\_\_\_\_  
\_\_\_\_\_

(Print Your Full Name & Phone Number Above)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)

To: State Representative  
Barbara Flynn Currie  
1303 E. 53<sup>rd</sup> Street  
Chicago, IL 60615  
(773) 667-0550

As you have requested, the following items are enclosed:

1. Application for the General Assembly Scholarship.
2. Waiver of Confidentiality form.
3. Three letters of recommendation from:
  - a) Name: \_\_\_\_\_  
Organization: \_\_\_\_\_
  - b) Name: \_\_\_\_\_  
Organization: \_\_\_\_\_
  - c) Name: \_\_\_\_\_  
Organization: \_\_\_\_\_
4. Personal Statement listing educational and career goals, and other relevant information.
5. Official transcript(s) from:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
6. Official proof of enrollment at or letter of acceptance from:  
\_\_\_\_\_

**Put an asterisk (\*) by any item above that will be mailed directly to our office by the person indicated.**

**STATE REPRESENTATIVE BARBARA FLYNN CURRIE**  
**1303 E. 53<sup>rd</sup> Street, Chicago, IL 60615 (773) 667-0550**

**APPLICATION FOR GENERAL ASSEMBLY SCHOLARSHIP**

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name and address of parent or guardian if different from above:

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(To be eligible for Rep. Currie's scholarship, you must live in the 25<sup>th</sup> Representative District. If you have not reached your legal majority, the address of your parent or legal guardian establishes residency.)

1) Which college or university do you plan to attend? \_\_\_\_\_

2) Have you been accepted for admission? \_\_\_\_\_

3) Have you applied to the Illinois Assistance Student Commission for a grant \_\_\_\_\_? Has your application been denied? \_\_\_\_\_

4) What other sources have you sought for scholarship help? What was the outcome?

\_\_\_\_\_

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5) Submit a brief statement with this application including your financial status, any factors you feel make your financial need greater than it might otherwise seem, and personal data including educational history and career goals. You may include any other information you feel is pertinent.

6) How long do you think it will take to finish your education? \_\_\_\_\_ yrs

Students should sign to acknowledge that this info may be made public.

\_\_\_\_\_  
(Signature)

**GENERAL ASSEMBLY SCHOLARSHIP  
WAIVER OF CONFIDENTIALITY**



State law requires that, as a condition of nomination for the Illinois General Assembly Scholarship, nominees complete a waiver of confidentiality document and submit it to the General Assembly member who is making the nomination. *Please note that a nominee for the Illinois General Assembly Scholarship waives his or her right to confidentiality with regard to the contents of this waiver document.*

**TO BE COMPLETED BY THE NOMINEE**

I waive my right to confidentiality regarding the contents of this waiver form. I understand that all information reported on this form is subject to public disclosure under the Freedom of Information Act. I certify that at the time of this nomination, my permanent address is located within the legislative district of the state legislator who is making this General Assembly Scholarship nomination. I understand that if I knowingly provide false or misleading information on this document, my scholarship may be revoked and I can be held responsible for reimbursing the university for the full amount of my General Assembly Scholarship. Filing of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Student: (Nominee's) Printed Name

Student/Nominee's Permanent Address:

Street Address

City/State

ZIP Code

Public University at which Student is Enrolled, including campus

Declared Major

Total (Estimated) Tuition Waived

Legislator's Name

**TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC**

State law requires that this waiver form be signed by the nominee before a notary public.

Student Nominee's Signature

Date

*Subscribed and Sworn before me this*

*day of*

*,20*

(SEAL)

Notary Public Signature

The State Legislator who is awarding a General Assembly Scholarship must forward this complete waiver form, along with the Illinois General Assembly Scholarship nomination to:

- The State Superintendent of Education for nominees attending Illinois public universities.

**State Law provides that by filing this waiver document with the Illinois State Board of Education, the state legislator also relinquishes his or her right to confidentiality with respect to the contents of this waiver document.**