



The Coles County Arts Council offers competitive scholarships to highschool students who are county residents wishing to attend literary summer programs or special seminars in Illinois. Each Literary Arts Scholarship provides up to \$300.00 towards the cost of tuition and fees for non-credit bearing, extra-curricular studies. The award is payable to the organization running the program, on behalf of the recipient.

To Apply: Print and fill out this form (2 pages). Attach a one page personal statement and two letters of recommendation and mail to the address given at the end of the form. The letters can also be emailed to Daiva Markelis at dmmarkelis@eiu.edu.

Applications Are Due by June 12th, 2018.

(PLEASE PRINT)

Your Name: _____

Home address: _____

Telephone: _____ E-MAIL: _____

Birth date: _____ School: _____

Grade you are currently in: _____ Current GPA (on a 4 point scale): _____

PROGRAM DETAILS

Name of the program to which the award is to be applied:

Location: _____

Dates: _____ Cost: _____ (tuition and residential or material fees)

Program website (if available): _____

Program Director or Contact Person: Name: _____

Email or phone: _____

PERSONAL STATEMENT

Please attach a one page description of the program and how it fits in with your interests and educational goals. Typed statements should not exceed 350 words.



LETTERS OF RECOMMENDATION

NB: Each letter should be sealed in its own envelope by your referee before being attached to your application. Letters should be from non-family members (teachers, professors, guidance counselor, principal, coach, employers, etc.) and at least one of them should come from someone who can address your literary ability.

MY SEALED LETTERS OF RECOMMENDATION ARE FROM:

1. NAME: _____

INSTITUTION/ COMPANY: _____

RELATIONSHIP TO APPLICANT: _____

E-MAIL: _____ PHONE: _____

2. NAME: _____

INSTITUTION/ COMPANY: _____

RELATIONSHIP TO APPLICANT: _____

E-MAIL: _____ PHONE: _____

I affirm that the statements in this application are true to the best of my knowledge.

Signature: _____ Date: _____

Name: _____
(Please print)

Note: If applicant is under the age of 18, his or her parent or legal guardian must sign this form.

Signature of Parent or Guardian: _____ Date: _____

Name: _____ Relation to Applicant: _____
(Please print)

SEND COMPLETED APPLICATION TO:

Daiva Markelis
2941 Whitetail Drive
Charleston, IL 61920