



Carla Haubrich Memorial Scholarship Application

The Rock River Valley Self Help Enterprises Endowment Fund has established this Scholarship in memory of Carla Haubrich. Carla possessed a passion to help those with developmental disabilities, working at Self Help in various roles for 41 years, and passing away in 2020.

This one-year \$1,000.00 Scholarship is awarded to a current Senior attending High School in Whiteside County, pursuing **a career in helping the lives of others or having a family member with special needs**. Applicants must be enrolled or accepted for enrollment as full-time undergraduate students, in an accredited four-year or two-year institution.

Criteria and eligibility

1. Applicant must be a graduating senior attending high school in Whiteside County, IL.
2. Applicant must demonstrate community involvement.
3. Applicant cannot be related to any Self Help Board of Directors or staff for this presents a conflict of interest.
4. Applicant must be enrolled or accepted for enrollment as a full-time undergraduate student in an accredited four-year or two-year institution.

General Instructions

1. Completed application form (please print legibly).
2. One (1) page essay. Please share how this scholarship will assist you in reaching your goals. State reasons that you feel we should make this investment in your future in the form of this scholarship award.
3. Two (2) letters of recommendations from choice of high school teachers, administrators, counselors, employers, or individual with significant knowledge of applicant's experience and involvement.
4. An official and recent high school transcript with cumulative grade point average and a class standing/rank and ACT/SAT score.
5. Application must be postmarked or delivered by April 28, 2024, to Self Help Enterprises, 2300 W LeFevre Rd, Sterling IL. Failure to do so will be cause for rejection of the application.

Finalists for the scholarship may be requested to meet with the scholarship committee at Self Help Enterprises before May 6, 2024.

Application for Carla Haubrich Memorial Scholarship

Section A: Personal Information

Name _____
First Middle Last

Address _____
Street City State Zip Code

Date of Birth ____/____/____ Home/Cell Phone _____

Email _____

Parent or Guardian _____

Address _____

Name and Location of High School _____

Name of college/university you will attend _____

Intended Major/Field of Study _____

List of extra-curricular school activities (Years participated, leadership positions, etc.)

List of extra-curricular non-school activities (Years participated, leadership positions, etc.)
