

**2015
APL COMMUNITY SERVICE GRANT OR
OUTSTANDING HIGH SCHOOL SENIOR SCHOLARSHIP
APPLICATION**

- All applicants must complete this Cover Page.
- Follow the additional category specific instructions below for the remainder of the application. Please type or write legibly.
- Please type your responses. If a typed response is not an option, please write legibly and neatly.
- Please return one original of this Information Page, in a sealed envelope marked Arlington Pediatrics Ltd, Attn: Grant Application, 3325 N Arlington Heights Rd Suite 100A Arlington Heights, IL 60004
- Patients who are awarded scholarships will be notified by e-mail.

NAME

ADDRESS

PHONE NUMBER

STUDENT EMAIL

PARENT EMAIL

GROUP NAME (IF APPLICABLE)

Category 1: Outstanding High School Senior Community Service Scholarships

(Do not exceed 150 words)

Please summarize your community service experiences while attending High School. This should include how these experiences both in school and outside of school has helped you grow as a person and why you should be considered for the above scholarship. Please attach your High School Resume:

Category 2: APL Community Service Grants (Do not exceed 150 words)

Please provide a brief summary of your plans and how it will help the community at large.