



253 West Joe Orr Road
Chicago Heights, IL 60411
Ph: 708-754-6600
Fax: 708-754-8687

The Robin Memorial Scholarship

Student Information Form must be filled out entirely and submitted by **May 13th, 2024**.

Name (Last, First, MI)	Date of Birth
<input type="text"/>	<input type="text"/>

Street Address	Apt./Unit #
<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Cell	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home School	Expected Graduation Date
<input type="text"/>	<input type="text"/>

Year of Attendance at RISE
<input type="text"/>

Future Education (college/military branch)
<input type="text"/>

Parent/Guardian Contact (phone number/email—if different from above information)
<input type="text"/>

Street Address	Apt./Unit #
<input type="text"/>	<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Cell	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Essay must answer the following questions. Essay must be typed 12point font, double spaced and attached separately

How did your experience at RISE help you to achieve educational success?

If you are selected for this scholarship, how would this help you achieve your future goals?