

# ComEd Scholarship Application Form

Last Name		First name	Middle Initial	UIN
Number/Street		City	State	Zip Code
Phone #	I am of Latina/o background <input type="checkbox"/> I am an Illinois resident <input type="checkbox"/>			Date of Birth (mm/dd/yyyy)
Have you applied for this scholarship in the past?: ___ No ___ Yes (if so, when?)	Terms I plan to attend in the following academic year: (check all that apply) ___ Fall ___ Spring ___ Summer I ___ Summer II			I plan to attend each term for: ___ 12 hours or more ___ 6-11 hours ___ 1-5 hours Proposed Graduation Date:

Please attach to this Application your Personal Statement describing in 1 double-spaced page your background and how this scholarship will aid in your career and educational goals.

Please sign below indicating that this application is complete and accurate:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DEADLINE:** The last day of February

Please return this application with attachment to:  
 Department of Communication  
 University of Illinois at Chicago  
 1007 W Harrison St.  
 BSB 1140, MCI 32  
 Chicago IL 60607