



Administrative Offices, 2015 Windish Drive, Galesburg, IL 61401
• PHONE: 309-344-2600 • FAX: 309-344-1754

Visit our website at kccdd.com

The mission of KCCDD is to create opportunities and provide choices to individuals to maximize their independence and optimize their potential to live within the community.

March 09, 2018

Spoon River Valley High School
35265 N. IL Hwy 97
London Mills, IL 61544

To whom it may concern,

KCCDD is currently accepting applications for the Mary F. Egan Scholarship. This scholarship is dedicated to longtime KCCDD employee Mary Egan and is endowed by her family. It is an honor to offer the recipient of the scholarship a minimum of \$1,000 to help him or her pursue future educational goals.

Please find enclosed a copy of the application, as well as guidelines for applying. Additional information and applications may also be found on our website at www.kccdd.com. All applications must be postmarked no later than June 1.

Any students that are interested in pursuing a career in the fields of speech/language, health care, health or social services, or medicine are encouraged to apply.

Should anyone have any questions, please do not hesitate to call or e-mail me.

Sincerely,

Christina Smith
KCCDD Director of Development
csmith@kccdd.com
T: (309) 344-2600 ext. 204

OFFICERS: Steven Davis, President; John Hanlon, Vice President; Bridgette Teal, Secretary; Sue Dutilleul, Treasurer

DIRECTORS: Tiffany Springer, Joe Cave, Trent Cox, Brian Davison, Pat Engelhaupt, Diane Kroll, Mark Lee



The Mary F. Egan Scholarship Fund

Distributed by the
KCCDD, Inc.

Purpose

The purpose of the Mary F. Egan Scholarship Fund is to provide financial assistance to an individual attending a college or university on a full-time basis with the intent of earning an undergraduate degree.

Qualifications

The applicant must be a citizen of the United States of America and a resident of one of the following Illinois counties: Fulton, Henderson, Knox, Warren. The applicant must also be able to show proof of acceptance into a college or university or show a transcript of college work, and he/she must have at least a 2.5 grade point average.

Selection Criteria

The following are preferential criteria for awarding the scholarship, but they bear no ranking in the order that they are listed. KCCDD also reserves the right to award the scholarship to an individual who best exemplifies the purpose of the scholarship.

- An applicant pursuing a degree in speech/language;
- An applicant who works/has worked at KCCDD, or an applicant who has a family member working at KCCDD;
- An applicant with a disability;
- An applicant pursuing a degree in health care or health/social services.

Funds Available

Minimum of \$1,000.00 per school year available.

Application Details

A complete set of forms may be obtained from the KCCDD Administrative Office located at 2015 Windish Drive, Galesburg, Illinois 61401 or online at www.kccdd.com.

In addition to filling out the form, please submit:

- An essay of no more than 500 words outlining one's career goals and future plans.
- A copy of the applicant's most recent transcript.
- If the applicant is a first year college student, proof of the applicant's acceptance into a college or university (i.e. class schedule or welcome/congratulatory letter).

Deadline

All applications must be postmarked no later than June 1. Recipient will be announced by the first Monday in August.

Contact

KCCDD
Attn: Christina Smith
2015 Windish Drive
Galesburg, Illinois 61401

Remarks

The selection committee will be made up of at least five (5) KCCDD Board Members as appointed by the Board President. If for whatever reason there are no applicants who fall into any of the aforementioned priority areas, the committee reserves the right to award the scholarship to an individual who best exemplifies the purpose of the scholarship or may decide not to award a scholarship that particular year. The recipient of this award may have the opportunity to receive summer employment (if positions are available) at KCCDD, if interested.

Questions or Comments?

Please contact Christina Smith at csmith@kccdd.com or (309) 344-2600 ext 204.

Mary F. Egan Scholarship Application

Last Name	First Name	Middle Name	
Address Street	City	State	Zip
Telephone Number(s)			
Request is for which school year?			
Do you have any disability you want the selection committee to consider? If yes please describe.			
Education (Transcript Required)			
	High School	Undergraduate College/University	Graduate/ Professional
School Name Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities.			
Describe any honors you have received			
If you have a relative working at KCCDD, please list name and relationship.			
References			
Give name, address and telephone number of three references who are not related to you.			
1. _____			
2. _____			
3. _____			
State any additional information you feel may be helpful to us in considering your application. Please feel free to add additional pages if necessary.			
Signature _____		Date _____	