

A Commitment to Excel (ACE)

“ACE: A Commitment to Excel in academic, athletic and artistic pursuits.” Scholarship Application

The ACE program’s mission is to be dedicated to providing support to families in need. The goal is to grant scholarships to youth who are connected with the legal system and encourage them through ACE to develop and pursue their interests in the academic, artistic or athletic field.

Scholarship guidelines:

This program is available to Kane County residents

Scholarships will be awarded to applicants and their dependent household members only.

Approved applicants will receive a scholarship for program registration up to \$250 per qualifying person per year. Amounts will be pro-rated based on month of approval.

All registration policies and procedures apply to scholarship applicants.

Upon completion of the application, the Kane County Bar Foundation will notify the applicant by email within one month of their scholarship status.

All requests for scholarships must be received a minimum of 3 weeks prior to the start of any requested program/activity.

Remaining scholarship money awarded for the year does not carry over to the next year.

Qualifying individuals cannot transfer their scholarship to another qualifying individual.

By completing this application, you are agreeing to the following statement: I understand that the ACE Program funds are given out as part of a charity program through the Kane County Bar Foundation (KCBF) to benefit children in need, and that I have the obligation to provide truthful information in my application. I agree that if I am awarded ACE program funds, I will cooperate with the KCBF to provide documentation of how the funds were used, by means of a receipt, registration confirmation, or similar proof. I understand that if I do not provide proof, it could result in future applications for ACE program funds being denied.

Parent/Guardian signature*:

***Indicates required questions**

Name of child that would benefit from the scholarship*			
Parent/Guardian name*			
Parent/Guardian email*			
Parent/Guardian address*			
Parent/Guardian phone number			
Recommending court personnel/Judge*			
Recommending person's email*			
Category of scholarship requested: * (Check all that apply)	Academic _____	Athletic _____	Artistic _____
Program or activity name:*			
Program fees: (Registration, supplies, equipment, and transportation may be included but must be separated)			

Name of child that would benefit from the scholarship*	
Parent/Guardian name*	
Parent/Guardian email*	
Parent/Guardian address*	
Parent/Guardian phone number	
Contact person at the organization: * Name: Email: Phone:	

Student section

Must be completed by the student*

Select only one

● Kindergarten-2nd grade	Draw a picture or write 1-2 sentences describing what you hope to learn by receiving a scholarship for an activity outside of school
● Grades 3-8	Write 1 paragraph stating what you want to be when you grow up and how this scholarship could help you achieve your goal.
● High School students	Write several paragraphs on how you believe this activity/experience will positively impact you.