



QUAD COUNTY AFRICAN AMERICAN — FOUNDATION —

2026 SCHOLARSHIP APPLICATION

Investing in Tomorrow's Leaders Today

SERVING
THE QUAD
COUNTIES



KANE
COUNTY



DUPAGE
COUNTY



KENDALL
COUNTY



WILL
COUNTY



The Quad County African American Foundation is committed to supporting outstanding students who demonstrate academic achievement, leadership, community service, and a commitment to making a positive impact in their communities.



APPLICATION DEADLINE

**SUNDAY, AUGUST 16, 2026
11:59 P.M. (CENTRAL TIME)**

All required documents must be combined into one PDF and submitted electronically by the deadline. Late or incomplete applications will not be considered.



SCHOLARSHIP AWARDS JAZZ BRUNCH

**SATURDAY, SEPTEMBER 26, 2026
11:00 A.M. – 2:00 P.M.**

HOLLYWOOD CASINO AURORA
2500 N. FARNSWORTH AVENUE
AURORA, IL 60502

*Recipients and one guest will be invited to attend.
Additional tickets may be purchased.*



SCHOLARSHIP@QCAAFFOUNDATION.ORG



ATTN: SCHOLARSHIP COMMITTEE



WWW.QCAAFFOUNDATION.ORG



QUAD COUNTY AFRICAN AMERICAN FOUNDATION

A MESSAGE FROM OUR SCHOLARSHIP CHAIRWOMAN



“

*Forward with purpose
and intention,
determination and heart
go and build your legacy,
change the narrative
change your world!
You are excellence.*

”

Dear Scholarship Applicant:

On behalf of the Quad County African American Foundation, we are honored to welcome you to the **2026 Scholarship Application** process.

At the Foundation, we believe in the power of education to transform lives, strengthen communities, and create lasting legacies. Our mission is to invest in students who demonstrate academic excellence, leadership, service, and a commitment to making a positive impact in their community.

This scholarship is more than financial assistance – it is an investment in your potential. We recognize the challenges you face and the determination it takes to pursue a college degree. We also understand the value of your dreams and the importance of supporting you as you prepare to lead and serve.

As you complete your application, we encourage you to take time to reflect on your journey so far, the obstacles you have overcome, and the difference you hope to make in the world. Your story matters, and we are excited to learn more about how you will use your education to elevate others.

We wish you the very best as you pursue your academic and personal goals. Remember, your future is bright, and your community is cheering you on every step of the way.

With encouragement and support,

Charmaine Petersen

Charmaine “Char” Petersen

Scholarship Chairwoman

Quad County African American Foundation
Scholarship Committee



EDUCATE.
Inspiring Minds.



EMPOWER.
Strengthening Futures.



ELEVATE.
Building Legacies.

BUILDING STRONGER COMMUNITIES TOGETHER.



QUAD COUNTY AFRICAN AMERICAN

— F O U N D A T I O N —

Investing in Tomorrow's Leaders Today



2026 SCHOLARSHIP APPLICATION

INVESTING IN TOMORROW'S LEADERS TODAY



OUR MISSION

The Quad County African American Foundation is committed to supporting outstanding students who demonstrate academic achievement, leadership, community service, and a commitment to making a positive impact in their communities.



OUR VISION

Empowering students. Strengthening communities.
Building a legacy of excellence.



OUR VALUES

We believe in education, leadership, service, integrity, and creating opportunities that inspire future leaders to thrive.

REQUIRED APPLICATION MATERIALS

Please submit the following items as **one complete PDF file**:

- ☐ Completed and signed Scholarship Application
- ☐ Official High school or college transcript
- ☐ Proof of Illinois Residency
- ☐ Personal Essay (100 words)
- ☐ One (1) Letter of Recommendation
- ☐ Recent Applicant Photo (school photo or professional headshot)
- ☐ Resume of Activities, Leadership, Honors, Employment (if applicable), and Community Service

SUBMISSION REQUIREMENTS

All required application materials must be combined into one (1) PDF file and submitted electronically. Incomplete applications, late applications, or materials submitted separately will not be considered.

ELIGIBILITY REQUIREMENTS

- ☐ Applicant must be of African American descent.
- ☐ Applicant must be a resident of Illinois and reside in Kane, Kendall, DuPage, or Will County.
- ☐ Applicant must be a graduating high school senior or current college undergraduate.
- ☐ Applicant must have a minimum cumulative GPA of 2.75 on a 4.0 scale.
- ☐ Applicant must demonstrate leadership, community service, and a commitment to making a positive impact.
- ☒ Applicant must plan to enroll full-time in an accredited college, university, or vocational/technical school.

IMPORTANT DATES



APPLICATION DEADLINE

(Central Time)



SCHOLARSHIP AWARDS JAZZ BRUNCH

Recipients and one guest will be invited to attend.
Additional tickets may be purchased.

SUBMIT YOUR APPLICATION

Email your complete application package in PDF format to:

Questions? Contact the Scholarship Committee at



Please name your PDF file: _____



VISIT OUR WEBSITE

For more information about our foundation, scholarships, and upcoming events, visit:

APPLICANT INFORMATION

Full Name: _____

Street Address: _____

City: _____

Email Address: _____

State: _____

Date of Birth: _____

Apt/Unit: _____

ZIP Code: _____

Phone Number: _____

EDUCATION INFORMATION

High School/College Name: _____

Current GPA: _____

Graduation Date: _____

College/University You Plan to Attend: _____

Intended Major/Field of Study: _____

RESIDENCY VERIFICATION (Illinois Residency Required)

I confirm that I am a resident of Illinois and reside in:

- ☐ Kane County
- ☐ Kendall County
- ☐ DuPage County
- ☐ Will County

Proof of residency document is included with application. ☐

CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in disqualification. I also agree to abide by all rules and decisions of the Quad County African American Foundation Scholarship Committee.

Applicant Signature: _____

Date: _____



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QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION

COLLEGE / UNIVERSITY INFORMATION



Please complete this section in its entirety.

All information provided will be kept confidential and used solely for scholarship consideration.



1 COLLEGE / UNIVERSITY INFORMATION

Name of College / University:

College / University Address:

Street Address

City:State:ZIP Code:

College / University Phone Number:College / University Website:

College / University Email:

Your Major / Field of Study:Your Minor (if applicable):

Expected Graduation Year:Classification:

Freshman

Sophomore

Junior

Senior

Graduate

Cumulative GPA:

(On a 4.0 scale)

GPA Last Completed Term:

(On a 4.0 scale)

Are you receiving financial aid?

Yes

No

Name of Financial Aid Contact:Financial Aid Office Phone:

Financial Aid Office Email:



2 ENROLLMENT VERIFICATION

Are you currently enrolled for the upcoming academic year?

Yes

No

If accepted, please indicate enrollment status:

Accepted

Not Yet Enrolled

Name of College / University you plan to attend:Start Date (MM/YYYY):



3 ADDITIONAL INFORMATION

Do you plan to live on campus during the upcoming academic year?

Yes

No

If no, what is your planned living arrangement?

Are you a first-generation college student?

Yes

No

Do you have dependents?

Yes

No

(A first-generation college student is a student whose parent(s) or legal guardian(s) have not earned a four-year college degree.)



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QUAD COUNTY AFRICAN AMERICAN FOUNDATION SCHOLARSHIP APPLICATION APPLICANT INFORMATION



Please complete this section in its entirety. All information provided will be kept confidential and used solely for scholarship consideration.



1 STUDENT INFORMATION

Full Legal Name:

First

Middle

Last

Preferred Name (if different):

Date of Birth:

Gender:

☐

Male

☐

Female

☐

Non-Binary

Preferred Pronouns:

College Student ID (if issued):

College Email Address:

Personal Email Address:

Cell Phone Number:

Mailing Address (where you receive mail):

Street Address

City

State

ZIP Code

County of Residence (check one):

☐

Kane

☐

DuPage

☐

Kendall

☐

Will



2 EMERGENCY CONTACT (Other than Parent/Guardian)

Full Name:

Relationship to You:

Phone Number:

Email Address:



3 PARENT / GUARDIAN INFORMATION (If applicable)

Full Name:

Relationship to You:

Phone Number:

Email Address:



CONFIDENTIALITY: All information provided in this application is confidential and will be used only for the purpose of scholarship review.



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TOMORROW'S
LEADERS TODAY.



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QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION



Please complete this section in its entirety. Use additional paper if needed.
All information provided will be kept confidential and used solely for scholarship consideration.



1 LEADERSHIP EXPERIENCE

Describe your leadership experiences. Include positions held, organizations, and the impact of your leadership.
(Example: Student Government, club leadership, team captain, organization officer, etc.)

List Organization(s):



2 COMMUNITY SERVICE

Describe your community service and volunteer experiences. Include the organizations you served, your role, and how your service has impacted your community.

List Organization(s):



3 PERSONAL STATEMENT HIGHLIGHTS

In the space below, briefly share any personal challenges you have overcome, achievements you are most proud of, or goals that inspire your future. (You will have the opportunity to expand in the essay section on Page 7.)





QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION



ESSAY

This essay helps the Scholarship Committee learn more about you, your goals, and how this scholarship will support your educational journey.

1 ESSAY PROMPT



What motivated you to choose your academic major, and how do you expect it to benefit society?

(Please limit your response to 100 words.)

2 YOUR RESPONSE

Please type your essay in the space below. *(Maximum of 100 words.)*

Word Count:



REMEMBER:

- ✓ Be clear and specific.
- ✓ Share your motivation and your impact.
- ✓ Stay within the 100-word limit.

“ Your education is your **power**.
Your voice is your **strength**.
Your future is our **investment**. ”

Thank you for believing in yourself and for allowing us to be part of your journey.
WE WISH YOU GREAT SUCCESS!





QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION



CERTIFICATION & SIGNATURE

Please read the following certification carefully before signing.



APPLICANT CERTIFICATION

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false information or omission of material facts may result in disqualification from consideration or, if awarded, may result in the revocation of the scholarship.

I authorize the Quad County African American Foundation Scholarship Committee to verify any information contained in this application. I also understand that this application and all supporting documents become *the property of the Foundation* and will not be returned.



PRINTED NAME
(Please Print)



SIGNATURE
(Sign your full name)



DATE
(MM/DD/YYYY)



“ Your education is your **power**.
Your voice is your **strength**.
Your future is our **investment**. ”

Thank you for believing in yourself and
for allowing us to be part of your journey.
WE WISH YOU GREAT SUCCESS!





QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION

APPLICATION SUBMISSION INSTRUCTIONS & CHECKLIST



Please review the checklist and instructions below carefully. Incomplete applications or applications not submitted as directed may not be considered.

1 REQUIRED DOCUMENTS CHECKLIST

Your application packet **MUST** include **ALL** of the items below.

☐		☐		☐		☐		☐	
COMPLETED SCHOLARSHIP APPLICATION		OFFICIAL HIGH SCHOOL OR COLLEGE TRANSCRIPT		ONE LETTER OF RECOMMENDATION		RESUME		PROOF OF RESIDENCY	
All sections must be completed and signed.		Must include cumulative GPA. <i>(Unofficial transcripts will not be accepted.)</i>		From a teacher, mentor, employer, or community leader.		Include leadership, activities, work experience, and honors. <i>(Photo required with resume.)</i>		Class schedule, enrollment verification, or acceptance letter. <i>(If applicable)</i>	

2 BEFORE YOU SUBMIT

1 Save all required documents as ONE PDF file. Make sure documents are clear and complete.

2 Name your file using the following format:

LastName_FirstName_2026Scholarship.pdf
Example: Johnson_Taylor_2026Scholarship.pdf

3 Submit your complete application packet by email to:

Scholarship@Qcaafoundation.org

EMAIL SUBJECT LINE:
2026 Scholarship Application - Your Name

DEADLINE:
SUNDAY, AUGUST 16, 2026
11:59 P.M. CENTRAL TIME

QUESTIONS?
Email us at Scholarship@Qcaafoundation.org
We are happy to help!

3 IMPORTANT REMINDERS

- Late or incomplete applications will not be considered.
- Applications are reviewed by the Scholarship Committee.
- All information provided is confidential.
- Keep a copy of your application for your records.
- Scholarship recipients will be notified after the Committee has completed its review.



Thank you for taking the time to apply and for your commitment to your education and community.
WE WISH YOU EVERY SUCCESS!





QUAD COUNTY AFRICAN AMERICAN FOUNDATION

SCHOLARSHIP APPLICATION



Thank You
FOR APPLYING!

Our Foundation is honored that you have chosen to apply for the 2026 Quad County African American Foundation Scholarship.

Your commitment to education, leadership, and community makes a difference—and we are proud to support your journey.

SAVE THE DATE

SCHOLARSHIP JAZZ BRUNCH



Saturday, September 26, 2026



Hollywood Casino Aurora
2500 N. Farnsworth Avenue
Aurora, Illinois



Event Details to Follow

*We wish you every success
in your educational journey.*



Empowering Students. Building Leaders. Strengthening Communities.

www.qcaafoundation.org