

**Instructions:**

Candidates should be entering or continuing studies at a fully accredited four-year college or university in the fall of 2019 to major in whatever they desire. Scholarship awards will be made on the basis of merit, individual accomplishments, and evidence of leadership. Financial need and other special circumstances may also be considered.

To be considered for this award, submit all items of the application in one envelope, to the indicated address **postmarked by March 1, 2019**. Applications received that are not postmarked by March 1, 2019 will not be considered for the 2019-20 scholarship awards.

*Please note that ISSA Charities awards cover the cost of books and tuition only.* Other school related expenses such as room and board, materials, etc. are not covered under these awards.

**Materials to be furnished by the Candidate:**

1. Personal Information
2. Essay
3. Academic Activity and Leadership record
4. Most recent official high school or college/university transcript. **Printed copies from the Internet will not be accepted.**
5. **Required for H.S. Seniors:** Official SAT, ACT, GRE, GMAT, or LSAT test scores. You may send a copy of the original document received from the testing agency. These scores do not have to be submitted if they appear on your high school transcript, or if you are already in college.
6. Two evaluations from current or past professors or teaching assistants. If you are unable to obtain two educational evaluations, you may have the forms completed by an employer, supervisor, or coach.

*Evaluation and selection will be based on the abovementioned criteria.*

**Award Value and Presentation**

**All Applicants will be notified in June 2019.** ISSA Charities Scholarship awards will be sent directly to the cashier of each recipient's chosen university based on the school's calendar (semester or quarter basis). The awards are not renewable; however, candidates may reapply in successive years. If you have any questions, contact the ISSA Charities at [tracy@issa.com](mailto:tracy@issa.com), 800-225-4772, or 847-982-0800.

**Mail Completed Scholarship Application by March 1, 2019 to:**  
ISSA Charities ▪ 3300 Dundee Rd. ▪ Northbrook, IL 60062

**Personal Information:**

Name \_\_\_\_\_  
Last First Middle Social Security No./School ID

Permanent Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

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**High School Attended**

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Class rank: \_\_\_\_\_ in a class of \_\_\_\_\_ students.

**College or Universities Attended (if applicable):**

Name	City	State/Province	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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University attending in fall of 2019: \_\_\_\_\_  
Planned Occupation, Profession, or Major: \_\_\_\_\_

**\*\* THE FOLLOWING INFORMATION IS REQUIRED TO BE COMPLETED\*\***

Are you an employee, or family member of an employee, of an ISSA member firm?  No  Yes

- ISSA Member Firm Name: \_\_\_\_\_
- Affiliation to Member Firm: \_\_\_\_\_  
*(Please list employee's name and title, and your relationship to the employee.)*

If not, are you sponsored by an ISSA member firm?  No  Yes

- ISSA Member Firm Name: \_\_\_\_\_
  - Affiliation to Member Firm: \_\_\_\_\_  
*(Please list employee name and title)*
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**Financial Need:**

1. Will you be receiving financial aid?  No  Yes

If yes, please describe the **type and amount** of aid (e.g. awards, family, tuition reimbursement, etc.).

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

2. Describe any circumstances related to your financial need, if any, that you would like us to consider (e.g. FAFSA, University Financial Aid, legal guardian, employer): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

2019 ISSA Charities  
SCHOLARSHIP APPLICATION

**Personal Information continued:**

Name \_\_\_\_\_  
Last First Middle Social Security No./School ID

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**Essay:**

As part of your application response, you are requested to do a little research and prepare an essay, not to exceed 500 words. Please answer the following question and attach as a separate document.

- How can proper and professional cleaning improve human health and the environment? (ISSA recommends you contact an industry professional or review the materials at [www.issa.com/valuetips](http://www.issa.com/valuetips) if you need assistance with this question).

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**Volunteer Activity:**

Please list the name of institution, dates of volunteer work, and description of volunteer work.

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**Work Activity:**

Please list all current and past employment (include dates). For each job describe the nature of your position and any management positions held:

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**IMPORTANT!** I have read the scholarship guidelines and procedures on the instruction page of this application and ask that I be considered for an ISSA Charities Scholarship Award with full understanding of the conditions. Also, I give my permission for release of information requested from my high school, college or university. This may include evaluations by high school instructors, university or graduate school professors, SAT, ACT, GRE, GMAT, or LSAT scores, and other information related to determining my qualifications for an award. I understand that evaluations will be kept confidential, and I waive any right of access to them. I verify that all of the information provided in this application is accurate and truthful. I understand that if any of the aforesaid information is not accurate or truthful that it will void my eligibility for a scholarship award.

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**Signature**

**Date**

**Academic Activity and Leadership:**

Describe your current participation in academic activities such as clubs, competitions, government, sports, honors, awards or prizes. Be sure to include leadership positions and dates if applicable.

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**Personal Accomplishments:**

Include any accomplishments that you would like us to consider in evaluating your application:

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**Special Circumstances:**

Please consider the following special circumstances when reviewing my application, (e.g.: working while attending school, parental responsibilities):

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**Evaluation:**

Instructors should complete the evaluation and either email to [tracy@issa.com](mailto:tracy@issa.com) or seal it in an envelope and return to the student to include in their packet.

**All evaluations must be submitted by March 1, 2019, please indicate grade of applicant:**

\_\_\_ high school senior      \_\_\_ college student      \_\_\_ graduate student

Candidate's Name: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Academic Area/Position: \_\_\_\_\_

Courses You Have Taught This Candidate: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

**General Ratings:**

Please evaluate the candidate in terms of the following characteristics by placing a check mark under the appropriate heading. In determining these ratings, please compare this candidate with all other individuals you have taught.

	<b>Good</b> (Above Average)	<b>Excellent</b> (Top 10%)	<b>Outstanding</b> (Top 5%)
Academic Motivation	_____	_____	_____
Academic Creativity	_____	_____	_____
Academic Growth Potential	_____	_____	_____
Leadership	_____	_____	_____
Peer and Instructor Interaction	_____	_____	_____
Emotional Maturity	_____	_____	_____

Areas of Weakness: \_\_\_\_\_

Other information that might be helpful in evaluating this candidate: \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return form via mail or email to:  
Tracy Weber, ISSA Charities ▪ 3300 Dundee Rd. ▪ Northbrook, IL 60062 or [tracy@issa.com](mailto:tracy@issa.com).

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\_\_\_ high school senior            \_\_\_ college student            \_\_\_ graduate student

Candidate's Name: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_ Academic Area/Position: \_\_\_\_\_

Courses You Have Taught This Candidate: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

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Academic Creativity	_____	_____	_____
Academic Growth Potential	_____	_____	_____
Leadership	_____	_____	_____
Peer and Instructor Interaction	_____	_____	_____
Emotional Maturity	_____	_____	_____

Areas of Weakness: \_\_\_\_\_

Other information that might be helpful in evaluating this candidate: \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return form via mail or email to:  
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