STEVE MAXHEIMER MEMORIAL SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

Applicant Name: First _____ Middle _____ Last _____

Applicant Address: Street _____ City, State, Zip _____

Applicant Home Phone Number and Cell: _____

Parent's Names: Father: _____ Mother: _____

Parent's Address and Phone Number, if different from Applicant's: _____

_____

Parent's Email: _____

Applicant's Email (if different from parent's): _____

Applicant's Date of Birth: _____

Applicant's High School _____

Applicant's High School Address and Phone Number: _____

_____

Name of High School Principal: _____

Applicant's Anticipated High School Graduation Date: _____

Applicant's Cumulative Grade Point Average at the Beginning of Present School Year: _____

Applicant's Class Rank: _____

Applicant's ACT or SAT Composite Score: _____

Please list all extracurricular or community activities you have participated in during your high school years:

_____

_____

_____

_____

_____

_____

What are your long-range education and career goals?

What do you see yourself doing in 10 years?

What qualities do you possess that merit your being considered for this scholarship?

Tell us something really unusual about yourself.

*Please indicate your involvement with golf during your life. If you play golf competitively, please list any awards and/or golfing accomplishments.

*What values has golf taught you about life?

Have you held a job during high school? Yes _____ No _____

If yes, please describe your job(s).

Have you been accepted for enrollment by a two- or four-year college or university? _____

If yes, please name the school(s): _____

Have you decided on a college major? _____

If yes, what is your major? _____

What is the projected cost of your first year of college? $_____

What, if any, college or university financial aid have you already secured? List all sources and amounts.

Will you need assistance in order to be able to pay for your college or university costs?
Yes _____ No _____

Provide the name, address, and phone numbers of two individuals who will be sending letters of recommendation on your behalf. The letters of recommendation **MUST** be attached to your application.

References: Reference #1: Name: _____
Address: _____
Telephone: _____

Reference #2 Name: _____
Address: _____
Telephone: _____

Please feel free to provide a resume giving any information about yourself that will help the Foundation get to know you better, including awards, honors, leadership roles, high school activities, community service, and employment.

All applicants **MUST** attach a current scholastic transcript to their application.

IMPORTANT REMINDERS

Did you attach your grade transcript?

Did you attach your two letters of recommendation?

Have you signed this Application?

Has at least one of your parents or guardians signed this Application?

Application deadline is March 27, 2026. (Application must be received by March 27, 2026)

Your completed application must be forwarded to:

Robert W. Brown, Jr.
Attorney at Law
Black, Black & Brown
115 Washington Square
Washington, IL 61571
Phone: (309) 444-3108
E-mail: bobbrown@blackblackbrown.com

IMPORTANT! Please read carefully:

By our signatures below, we verify that to the best of our knowledge the information provided herein is accurate and complete. We authorize the Steve Maxheimer Memorial Scholarship Foundation, Inc., Board and/or Scholarship Committee to investigate the information contained herein, and we further authorize the release of my high school grade transcripts to the selection committee herein. We further authorize the Board and/or Committee to contact references listed herein, as well as parent(s), legal guardian(s), any employer(s), or other individual associated with school and community activities.

Please note that any application that is not signed by at least one of the applicant's parents or legal guardians will be ineligible for consideration. All information obtained by the committee will be held strictly confidential.

_____ Date: _____

Signature of Applicant

_____ Date: _____

Signature of Parent or Guardian

_____ Date: _____

Signature of Parent or Guardian