

## Penny Severns Memorial Scholarship for Government Service

At least two scholarships will be awarded:

- 1. To a woman who has been out of high school less than seven years.
- 2. To a woman who has been out of high school seven years or more.

Applicant must be a registered voter to apply and must be registered for at least six (6) semester hours at an Illinois college or university upon receipt of the scholarship.

Please print clearly or type. Fill in all the blanks applicable to you. You must file a new application form each time that you apply for the scholarship.

Please attach the following information:

- 1. Minimum of one letter of recommendation.
- 2. Essay (350 words or less) as to why you want this scholarship and how you plan to use your education in public service or government service, including but not limited to seeking public office, working for a local, state, or federal agency/public official, teaching, law enforcement, nursing, etc.
- 3. Proof of college enrollment.
- Completed application.
- 5. Voter registration will be verified electronically. If you will not be 18 by the next general election, proof of your birthdate will be required.

## Submit completed application, with all specified documents by December 31, 2025 to:

Illinois Democratic Women c/o Kim Savage 7706 Brookhaven Avenue Darien, IL 60561

Or email in pdf format to illinoisdemocraticwomen@gmail.com



| Penny Severns Memorial Scholarship for Government Service   |               |
|---|---------------|
| Contact Information   |               |
| Name  | Cell Phone    |
| Voting Address  | Email address |
| Mailing Address (if different than above)   |               |
| Educational Information   |               |
| Please indicate current level of educational  O High School  O Undergraduate  O Graduate or Professional  |               |
| Name and address of the institution you are or will be attending  |               |
| Academic semester or quarter you are applying the scholarship to  o Fall o Winter o Spring o Summer   |               |
| I hereby certify that the statement herein are true and correct to the best of my knowledge. I understand that if my application is incomplete or if any requested documents are missing, my application will not be processed.   |               |
| Applicant Signature and Date  |               |
| Please note: A current IDW member must sign your application. Please check with your Democratic County Chairperson if you have difficulty in locating an IDW member in your area.   |               |
| IDW Member Signature and Date   |               |
| Please attach a resume with employment history, academic honors, extra-curricular activities, and political activities, as well as an essay of no more than 350 words as to why you want this scholarship and how you plan to use your education in public service or government service, including but not limited to seeking public office, working for a local, state, or federal agency/public official, teaching, law enforcement, nursing, etc. |               |