



## STEM Book Scholarship

## Hello Student Veterans,

We are glad you've returned from military service and have chosen to attend college. MCC is proud that you've chosen to get your degree or certificate close to home, and we look forward to your success. Knowing the importance of having books and supplies for your classes on the first day of a term, but realizing the occasional delays processing G.I. Bill benefits, the McHenry County Community Foundation has created a "Pay It Forward" grant at MCC to ensure you have the materials you need on the first day of class. Please pay special attention to the "Participation Requirements" section below. Please initial by each statement, indicating that you understand each aspect of the scholarship, and fill out and sign in the box below. Thank you!

Eligibil	ity Requirements			Initials		
٠	DD214 and/or certification for M Office.	1ilitary Educational Benefi	ts is in the Financial Aid			
٠	Exhausted all PELL Grant funds.					
•	Exhausted G.I. Bill (or other bend	efit) Book Stipend, if appli	cable			
•	Agree to Participation Requirem	ents (see #3 below), optic	on 1 <i>or</i> 2			
Instrue	tions			Initials		
•	Go to MCC Bookstore with your					
	purchasing books through the St		larship. <b>DO NOT</b>			
	PURCHASE BOOKS AT THIS TIM					
•	<ul> <li>The Bookstore will provide you with a receipt (two receipts if you have STEM and other books) matching the cost of your books.</li> </ul>					
•	Take this form and the Bookstor	e's receipt(s) to Dr. Judi C	ameron in Office C126.			
•	Grant funds will be provided to y available in your account, you m		unt. Once the funds are			
•	Return textbooks to the SVRC at	the end of the semester.				
Partici	pation Requirements (Choose ON	IE)		Initials		
•	Option 1: Perform a minimum or	f 20 volunteer hours of co	mmunity service in			
	McHenry County. You must reco	•		r		
	Log (see attached). You must als					
	meetings (minimum of 4 per sen					
	semester you receive this schola	•	OMPLETED WITHIN THE			
	SEMESTER THE SCHOLARSHIP IS					
•	Option 2: Pay back book scholar one lump sum or installments be		-	n 		
Stu	dent Name:	ID #:	Cell #:			
Ema	ail:	Term (select one)	FA SP SU Yea	r		

Participation (select one): Option 1 (Volunteer) Option 2 (Pay Back) Award Date Award Amount

Student Signature

Date:



Date	Organization	Volunteer Task/Work	Total Time	Supervisor's Name	Supervisor's Email or Phone Number