



2026
COMMUNITY SERVICE
SCHOLARSHIP
APPLICATION

This scholarship is intended for students who have completed significant volunteer work in the community and/or who are planning on doing community work (such as fire fighters, police officers, nurses, etc.) upon graduation from an institute of higher learning. All graduates of School District 214 and private schools within the 214 boundaries are eligible.

REQUIREMENTS:

1. Applicant must be a legal resident within School District 214 boundaries as of the date of this submission.
2. Applicant must be between 17 and 24 years of age by July 1, 2026 and will graduate or have graduated from high school as of this year.
3. Winners must submit a written invoice to Frontier Days, Inc., Post Office Box 177, Arlington Heights, IL 60006, and include instructions as to what college or institution the prize money is to be sent upon being awarded the scholarship.
4. If chosen, it is understood that this scholarship prize must be claimed by November 1, 2026.
5. The applicant authorizes Frontier Days, Inc. to verify the information contained herein and to make such additional inquiries as may reasonably relate to or be associated with this application.



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THIS FORM MUST ACCOMPANY ALL APPLICATIONS

**FRONTIER DAYS, INC.
COMMUNITY SERVICE SCHOLARSHIP**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

High School: _____ Year graduated: _____

University or Community College or Trade School _____

Home phone: _____ Cell phone: _____

Email address: _____ Date of birth: _____

The undersigned hereby declares and represents that he/she has read the foregoing material and that all statements made herein are complete and true to the best of his/her knowledge.

This application is accepted subject to the approval of the Frontier Days, Inc. Festival Committee.

My signature attests to the fact that I am a legal resident within the School District 214 area and by July 1, 2026, I will be between the ages of 17 and 24. Additionally, I hereby grant permission to Frontier Days, Inc. to use my image and/or images of my project for publicity and promotional purposes.

Signature of applicant _____ Date _____



2026 COMMUNITY SERVICE SCHOLARSHIP INFORMATION

GENERAL INFORMATION

APPLICATIONS: Applications are available online at www.frontierdays.org, at all School District 214 and private high schools within the 214 boundaries and at the Arlington Heights Memorial Library, 500 North Dunton Avenue.

SUBMISSION OF APPLICATIONS: Applications will be accepted at the 1st (first) floor check-out desk at:

Arlington Heights Memorial Library
500 North Dunton Avenue
Arlington Heights, IL 60004

Or scanned or emailed to scholarship@frontierdays.org

Mailed applications will not be accepted.

DEADLINE: Fully completed applications must be received at the library or on-line by 10 P.M. Monday, June 15, 2026. No late applications will be considered.

JUDGING: Scholarship winners will be chosen by an independent, unbiased panel of judges whose decisions are final. This year's judging will be held on Thursday, June 18, 2026. **Incomplete forms will not be considered by the judges.**

PRIZES: At least three prizes of between \$1000 and \$3000 will be awarded. This must be claimed by November 1, 2026 and the award money will be sent directly to the university or trade school of your choice.

WINNERS: Participants will be notified by email with the results of the judging. Scholarship winners will be introduced on the Frontier Days' Main Stage during Festival 2026. Winners are encouraged to attend this recognition or send a family member.

QUESTIONS: Contact the Scholarship Committee: (847) 577-8572 and leave a voice message or send an email to scholarship@frontierdays.org. Frontier Days, Inc. is an all-volunteer organization. Your question will be answered as soon as possible.



2026 SCHOLARSHIP FOR COMMUNITY SERVICE

Name _____

University or Trade School you plan to attend:

Service or trade you plan to pursue _____

INSTRUCTIONS & GUIDELINES

Your application must include:

- the main Festival Scholarship application
- this form attached to your essay
- your essay
- the recommendation form completed by someone who has knowledge and verification of your efforts. (A relative cannot complete the recommendation form.) **If this letter of recommendation is not included, your application will not be considered.**

Please type or print a short essay (250 words or less, or a total of 1000 words) to answer each question below. You may include pictures to illustrate your answers.

1. What career do you plan to pursue and why does this interest you?
2. What experiences have you already had, or projects you have done, that will be useful to you as you pursue this goal?
3. How will this scholarship help you attain your goals?
4. What volunteer activities have you participated in during the last year or throughout your high school experience? Keep in mind that the judges are particularly interested in volunteer work that is beyond what is required by an educational institution.

If you have any questions, contact the Scholarship Committee at 847-577-8572, and leave a voice mail message or send an email to scholarship@frontierdays.org. Frontier Days, Inc. is an all-volunteer organization, and your question will be answered as soon as possible.



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RECOMMENDATION STATEMENT

Applicant's Name (Please Print): _____

The Frontier Days, Inc. Scholarship Committee requires the applicant to obtain a recommendation from someone (other than a family member) who has firsthand knowledge of the student's efforts. This should be someone who has supervised the student in these activities or has witnessed the results of his/her efforts. Please include a statement indicating how this student has affected the lives of others, his/her work/study ethic, and list any special duties or activities. These are only guidelines; feel free to write more if you wish.

The individual listed above is applying for a Frontier Days, Inc. Scholarship based on his/her **non-compensated efforts.**

Your name: _____

Title: _____

Address: _____

Telephone Number: _____

Email address: _____

Signature: _____

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