ILLINOIS STATE BOARD OF EDUCATION
Governmental Relations
100 North First Street, S-405
Springfield, Illinois 62777-0001

GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

INSTRUCTIONS: Legislators, please complete this form. Send the original to the above address and retain a copy for files. The original "Waiver of Confidentiality" form must accompany this nomination form in order for the scholarship to be processed.

NAME OF CANDIDATE
Ms. Madonna Williams

DATE OF BIRTH

ADDRESS (Street, City, State, 9 Digit Zip Code)
10855 S. Forest Ave., Chicago, IL 60628

I hereby nominate and appoint Ms. Madonna Williams, who is certified to be a resident of my district, to receive a scholarship at Chicago State University as provided in an Act of the General Assembly of Illinois approved in 1961, as amended. I desire the above individual to have my scholarship to begin fall 2012.

Year of Scholarship (if Vacated, Specify)
2011

Term (Fall, Spring, Summer, Year)

Year Including Summer

Summer Only

Year Excluding Summer

Term (Fall, Spring, Summer, Year)

Check one of the following institutions:
- Chicago State University
- Eastern Illinois University
- Governors State University
- Illinois State University
- Northern Illinois University
- Northern Illinois University
- Southern Illinois University, Carbondale Campus
- Southern Illinois University, Edwardsville Campus
- University of Illinois, Chicago
- University of Illinois, Springfield
- University of Illinois, Urbana
- Western Illinois University

Original Signature
Robert A. Ritter

Legislator's Name (Print or Type)

Rep 28

Senatorial District Number OR Representative District Number

ISBE USE ONLY

Processed by

ISBE '90-99 (11/10)
GENERAL ASSEMBLY SCHOLARSHIP
WAIVER OF CONFIDENTIALITY

State law requires that, as a condition of nomination for the Illinois General Assembly Scholarship, nominees complete a waiver of confidentially document and submit it to the General Assembly member who is making the nomination. Please note that a nominee for the Illinois General Assembly Scholarship waives his or her right to confidentiality with regard to the contents of this waiver document.

TO BE COMPLETED BY THE NOMINEE

I waive my right to confidentiality regarding the contents of this waiver form. I understand that all information reported on this form is subject to public disclosure under the Freedom of Information Act. I certify that at the time of this nomination, my permanent address is located within the legislative district of the state legislator who is making this General Assembly Scholarship nomination. I understand that if I knowingly provide false or misleading information on this document, my scholarship may be revoked and I can be held responsible for reimbursing the university for the full amount of my General Assembly Scholarship. Filling of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Nudonna Williams

Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:

10855 South Forest Ave

Street Address

City/State

ZIP Code

Public University at which Student is Enrolled, including campus

Declared Major

Total (Estimated) Tuition Waived

Legislator's Name

TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC

Student/Nominee's Signature

Date

Subscribed and sworn before me this 13th day of August 2012

Notary Public Signature

The State Legislator who is awarding a General Assembly Scholarship must forward this complete waiver form, along with the Illinois General Assembly Scholarship nomination to:

- The State Superintendent of Education for nominees attending Illinois public universities.

State Law provides that by filing this waiver document with the Illinois State Board of Education, the state legislator also relinquishes his or her right to confidentiality with respect to the contents of this waiver document.
September 12, 2012

Kim Clarke
100 North First Street
Springfield, IL 62777

RE: NuDonna Williams
Fall 2012/ Spring 2013 Scholarship

Dear Kim:

I had selected NuDonna Williams to receive The General Assembly Scholarship for the Fall of 2012 and Spring of 2013. It was brought to my attention that Chicago State University never received payment for NuDonna.

This General Assembly Scholarship was sent in the mail before the September 1st deadline. This particular application must have gotten lost in the mail. My Administrative Aide, Julianne Donahue had put all eleven applications together in the mail on August 15, 2012.

It is my hope that she can still receive the scholarship. Should you have any further questions, feel free to contact me at my District Office at (708) 396-2822.

Sincerely,

Robert A. Rita
State Representative
28th District
September 14, 2012

NuDonna Williams
10855 South Forest Avenue
Chicago, IL 60628

Dear NuDonna,

It is my pleasure to inform you that your General Assembly Scholarship nomination form has been received from Representative Robert Rita's office and has been forwarded on to CSU. Please allow the University at least 3 to 4 weeks to process the paperwork.

This scholarship is for the tuition portion only to begin Fall 2012 for 1 year including summer. All other expenses will be your responsibility.

If you have any other questions, please contact me at 217/782-4648.

Sincerely,

Kim Clarke
Illinois State Board of Education
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

INSTRUCTIONS: Legislators, please complete form. Send the original to the above address and retain a copy for your files. The original waiver of confidentiality form and a valid proof of residence must accompany this nomination form in order for the scholarship to be processed.

NAME OF CANDIDATE [ ] Mr.  [ ] Ms.  DATE OF BIRTH

ADDRESS (Street, City, State, 9 Digit Zip Code)

[ ] I hereby nominate and appoint ______________________, who is certified by me based on the attached evidence

Name of Candidate

[ ] to be a resident of my district for a scholarship at ______________________

Name of Institution

as provided in an Act of the General Assembly of Illinois approved in 1961, as amended. I desire the above individual to have my

[ ] scholarship to begin ________ for

Year of Scholarship (If Vacated, Specify)

Term (Fall, Spring, Summer/Year)

[ ] 1 Year Including Summer  [ ] Summer Only  

1 Year Excluding Summer  [ ] Other (If filling a Vacated Semester) Specify: ______________________

*Check one of the following Institutions:

1. Chicago State University
2. Eastern Illinois University
3. Governors State University
4. Illinois State University
5. Northern Illinois University
6. Northeastern Illinois University
7. Southern Illinois University, Carbondale Campus
8. Southern Illinois University, Edwardsville Campus
9. University of Illinois, Chicago
10. University of Illinois, Springfield
11. University of Illinois, Urbana
12. Western Illinois University

Original Signature of Authorized ISBE Representative

Legislator's Name (Print or Type)

Senatorial District Number  Representative District Number

Date

Accepted, Recorded and Forwarded To:

Processed by

Original Signature of Authorized ISBE Representative

ISBE 90-09 (3/12)
GENERAL ASSEMBLY SCHOLARSHIP
WAIVER OF CONFIDENTIALITY

State law requires that, as a condition of nomination for the Illinois General Assembly Scholarship, nominees complete a waiver of confidentially document and submit it to the General Assembly member who is making the nomination. Please note that a nominee for the Illinois General Assembly Scholarship waives his or her right to confidentiality with regard to the contents of this waiver document.

TO BE COMPLETED BY THE NOMINEE

I waive my right to confidentiality regarding the contents of this waiver form. I understand that all information reported on this form is subject to public disclosure under the Freedom of Information Act. I certify that at the time of this nomination, my permanent address is located within the legislative district of the state legislator who is making this General Assembly Scholarship nomination. I understand that if I knowingly provide false or misleading information on this document, my scholarship may be revoked and I can be held responsible for reimbursing the university for the full amount of my General Assembly Scholarship. Filing of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Student: (Nominee's) Printed Name

Timm M. Flores

Student/Nominee's Permanent Address:

2016 W. Eng

Street Address

Chicago, IL

City/State

Northern Illinois University

ZIP Code

Public University at which Student is Enrolled, including campus

Undecided

Total (Estimated) Tuition Waived

$11,000

Declared Major

Cynthia Soto

Legislator's Name

TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC

State law requires that this waiver form be signed by the nominee before a notary public.

Student Nominee's Signature

Timm M. Flores

Date

September 6, 2012

Subscribed and Sworn before me this 6th day of September, 2012

Dulal Ottenk Jr.

Notary Public Signature

The State Legislator who is awarding a General Assembly Scholarship must forward this complete waiver form, along with the Illinois General Assembly Scholarship nomination to:

The State Superintendent of Education for nominees attending Illinois public universities.

State Law provides that by filing this waiver document with the Illinois State Board of Education, the state legislator also relinquishes his or her right to confidentiality with respect to the contents of this waiver document.
GENERAL ASSEMBLY SCHOLARSHIP
WAIVER OF CONFIDENTIALITY

State law requires that, as a condition of nomination for the Illinois General Assembly Scholarship, nominees complete a waiver of confidentiality document and submit it to the General Assembly member who is making the nomination. Please note that a nominee for the Illinois General Assembly Scholarship waives his or her right to confidentiality with regard to the contents of this waiver document.

TO BE COMPLETED BY THE NOMINEE

I waive my right to confidentiality regarding the contents of this waiver form. I understand that all information reported on this form is subject to public disclosure under the Freedom of Information Act. I certify that at the time of this nomination, my permanent address is located within the legislative district of the state legislator who is making this General Assembly Scholarship nomination. I understand that if I knowingly provide false or misleading information on this document, my scholarship may be revoked and I can be held responsible for reimbursing the university for the full amount of my General Assembly Scholarship. Filing of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Student: (Nominee’s) Printed Name

TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC

State law requires that this waiver form be signed by the nominee before a notary public.

Student Nominee’s Signature Date

Subscribed and Sworn before me this 31 day of August, 2012

Notary Public Signature

The State Legislator who is awarding a General Assembly Scholarship must forward this complete waiver form, along with the Illinois General Assembly Scholarship nomination to:

- The State Superintendent of Education for nominees attending Illinois public universities

State Law provides that by filing this waiver document with the Illinois State Board of Education, the state legislator also relinquishes his or her right to confidentiality with respect to the contents of this waiver document.

ISAC #F3145 04/06 (ON3145 10 04/06) Printed by authority of the State of Illinois
September 7, 2012

Noria Flores
2016 West Erie
Chicago, IL 60612

Dear Noria,

It is my pleasure to inform you that your General Assembly Scholarship nomination form has been received from Representative Cynthia Soto’s office and has been forwarded on to NIU. Please allow the University at least 3 to 4 weeks to process the paperwork.

This scholarship is for the tuition portion only to begin Fall 2012 for 1 year including summer. All other expenses will be your responsibility.

If you have any other questions, please contact me at 217/782-4648.

Sincerely,

Kim Clarke
Illinois State Board of Education