GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

I hereby nominate and appoint:

[Name of Candidate]
[Street Address]
[City, State, Zip Code]

who is certified 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 [Year of Scholarship (If Vacated, Specify)] scholarship to begin [Term (Fall, Spring, Summer, Year)] for [1 Year Including Summer] or [1 Year Excluding Summer].

*Check one of the following Institutions:

- [ ] Chicago State University
- [ ] Eastern Illinois University
- [ ] Governors State University
- [ ] Illinois State University
- [ ] Northern Illinois University
- [ ] Northeastern 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

[Signature]
Legislator's Name (Print or Type)

Senatorial District Number
Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to: [Name of University] on [Date]

Processed by: [Signature]

ISBE 80-09 (5/06)
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.

Taylor Beale
Student: (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:
10005 S. Prairie
Chicago, IL 60628

Public University at which student is enrolled, including campus
University of Illinois – Urbana

Declared Major
Robert A. Rita

Total (Estimated) Tuition Waived

TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC

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 NOMINATION FORM

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

I hereby nominate and appoint:

Ms. [ ] Mr. [ ]
Name of Candidate

Taylor Beℓe
10005 S. Prairie Ave.
Street Address

Chicago IL 60628
City Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at:

UNIVERSITY OF ILLINOIS - CHAMPAIGN

as provided in an Act of the General Assembly of Illinois approved in 1961, as amended. I desire the above individual to have my 2008 scholarship to begin Fall 2009 for ☑ 1 Year Including Summer ☐ 1 Year Excluding Summer ☐ Summer Only ☐ Other [If Filing a Vancated Semester]

Specify:

Year of Scholarship (If Vacated, Specify)

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
☐ Northeastern 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

Legislator's Name (Print or Type)

[Signature]

Senatorial District Number

OR

Representative District Number

28

[ ] [ ]

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

University on 8/27 2009

Processed by:

ISBE 09-09 (5/08)
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.

Taylor Beale
Student: (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:

1000 S. Prairie Ave
Street Address

Chicago, IL 60628
City/State ZIP Code

University of Illinois – Champaign
Public University at which Student is Enrolled, including campus

Philosophy
Declared Major: Robert W. Reif

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.

Taylor Beale
Student Nominee’s Signature

08/14/2009 Date

Subscribed and Sworn before me the 14th day of August, 2009

Joanne M. Ring
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 NOMINATION FORM

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

I hereby nominate and appoint:

[Signature]

Date: 8/27/10

Ms. Taylor Beale

1000 S. Prairie Ave

Chicago, IL 60602-28

I hereby nominate and appoint:

[Signature]

Date: 8/27/10

Ms. Taylor Beale

1000 S. Prairie Ave

Chicago, IL 60602-28

who is certified to be a resident of my district for a scholarship at

University of Illinois Urbana

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

have my 2010 scholarship to begin Fall 2010 for

[Signature]

Date: 8/27/10

Senatorial District Number

Representative District Number

*Check one of the following institutions:

☐ Chicago State University
☐ Eastern Illinois University
☐ Governors State University
☐ Illinois State University
☐ Northern Illinois University
☐ Northeastern 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

Received, Recorded and Forwarded to:

[Signature]

Date: 8/30/10

Processed by:

[Signature]

ISBE 90-09 (5/06)
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.

Taylor Beale
Student: (Nominee's) Printed Name

Student/Nominee’s Permanent Address:
1000 S. Prairie Ave.
Street Address
City, State
Chicago, IL 60608
ZIP Code
University of Illinois Urban
Public University at which Student is Enrolled, including campus

Declared Major
Total (Estimated) Tuition Waived

Legislator’s Name
Robert R. Rea

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 25th day of
2010
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 NOMINATION FORM

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

NAME OF CANDIDATE

Taylor Lane

DATE OF BIRTH

11/20/1990

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

1205 S Prairie Ave, Chicago, IL 60628

I hereby nominate and appoint Taylor Lane, who is certified to be a resident of my district for a scholarship at University of Illinois at Urbana

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 Fall 2011 for

Year of Scholarship (If Vacated, Specify)

Term (Fall, Spring, Summer, Year)

☐ 1 Year Including Summer
☐ 1 Year Excluding Summer
☐ Summer Only
☐ Other (If filling a Vacated Semester) Specify

*Check one of the following institutions:

☐ Chicago State University
☐ Eastern Illinois University
☐ Governors State University
☐ Illinois State University
☐ Northern Illinois University
☐ Northeastern 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

Legislator's Name (Print or Type)

ISBE USE ONLY

Received, Recorded and Forwarded To

Urbana on 10/18/2011

Processed by

Original Signature of Authorized ISBE Representative
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 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

Student/Nominee’s Permanent Address:

Street Address

City/State

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

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 NOMINATION FORM

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

I hereby nominate and appoint:

[ ] Ms. [ ] Mr. Kevin Walsh

Name of Candidate

124 North St. Louis St.

Street Address

Elwood IL 60421

City State Zip Code

Social Security Number

who is certified to be a resident of my district and scholarship at:

Southern Illinois University

Name of Institution

as provided in an Act of the General Assembly of the State of Illinois approved in 1961, as amended. I desire the above individual to have my 2007 scholarship to:

2007

Year of Scholarship (If Vacated, Specify)

Year Including Summer

☑ 1 Year Including Summer

☑ 1 Year Excluding Summer

☐ Summer Only

☐ Other (if filing a Vacated Semester)

☑ Check one of the following institutions:

☐ Chicago State University

☐ Eastern Illinois University

☐ Governors State University

☐ Illinois State University

☐ Northern Illinois University

☐ Northeastern 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

☐ Other

________________________________________

(Signed)

Legislator's Name (Print or Type)

Senatorial District Number

OR

Representative District Number 86

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

SII - Carbondale

University

on July 09 2007

Processed by:
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.

[Signature]

Student: (Nominee's) Printed Name

[Address]

Student/Nominee's Permanent Address:

Street Address

City/State ZIP Code

Public University at which Student is Enrolled, including campus

Declared Major

[Signature]

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.

[Signature] 06-21-07

Student Nominee's Signature Date

Subscribed and Sworn before me this 21st day of June, 2007.

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.
NOTIFICATION OF VACATED GENERAL ASSEMBLY SCHOLARSHIP

INSTRUCTIONS: Pursuant to Chapter 122, Section 30-11 of The Illinois Revised Statutes, this form should be used to report General Assembly Scholarships which have been vacated.

Please complete this form and send the first two copies to the above address, retaining the third copy for your files.

Date: 10-5-09

From: SIU-Carbondale
by Paula Cledenen

The following named student has surrendered his General Assembly Scholarship.

Name of Student: Kevin Walsh

Address: 124 N. Saint Louis

Name of Nominating Legislator: A. J. Wilhelm

Senatorial District Number: 43rd

Representative District Number:

There remains unused 1 of this
Years Semesters Quarters of this

2008-2009 Scholarship which may be allocated to another student by the nominating legislator as provided in

Sections 30-10 and 30-11 of the School Code.

Remarks: Student did not attend summer school.

Received, Recorded and Forwarded to:

Name of Legislator: 

on Date:

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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
Kevin Martin Walsh

Student/Nominee’s Permanent Address:

Street Address
124 N St. Louis
City/State
Elwood, IL
ZIP Code
60421

Public University at which Student is Enrolled, including campus
Southern Illinois University Carbondale

Declared Major
Architectural Studies

Total (Estimated) Tuition Waived
$0.00

Legislator’s Name
A.J. Wilhelmi, State Senator – 43rd District

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

Subscribed and Sworn before me this 3rd day of July, 2008

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

April 5, 2010

I hereby nominate and appoint:

☐ Ms. ☑ Mr. Kevin Walsh

Name of Candidate

124 N. St. Louis St.

Street Address

Elwood, IL 60421

City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at*

Southern IL University, Carbondale

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 vakated 2008 scholarship to begin summer only 2010 June for

☐ 1 Year Including Summer
☐ 1 Year Excluding Summer
☐ Summer Only
☑ Other (Specify a Vakated Semester)

Specify: Using vakated summer from 2008

*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

(Signed)

Jack McGuire

Legislator's Name (Print or Type)

Senatoral District Number

OR

Representative District Number 86

- OFFICE USE ONLY -

Received, Recorded and Forwarded to

Sill - Carbondale

on April 30

Date 2010

Processed by:

ISBE 90-09 (5/06)
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.

Kevin M. Walsh
Student: (Nominee's) Printed Name

Student/Nominee's Permanent Address:
124 N. SAINT LOUIS ST
Elwood, IL 60921

Street Address
City/State
ZIP Code
SOUTHERN ILLINOIS UNIVERSITY - CARBONDALE
Public University at which Student is Enrolled, including campus
ARCHITECTURAL STUDIES
Declared Major
Total (Estimated) Tuition Waived
$ 2,500
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.

\[ Signature \]
Student Nominee's Signature

Date
04/03/10

\[ Signature \]
Subscribed and Sworn before me this 4th day of April, 2010
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 NOMINATION FORM

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

I hereby nominate and appoint:

[Signature]

JULIA LYNN BEMSTERBOER

Name of Candidate

24915 SOUTH FOXFORD DRIVE

Street Address

MANHATTAN, IL 60442

City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at

WESTERN ILLINOIS UNIVERSITY

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 2005-06 scholarship to begin

FALL 2005

Term (Fall, Spring, Summer) Year

for

X 1 Year Including Summer

1 Year Excluding Summer

Summer Only

Other (If Filing a Vacated Semester)

Specify:

*Check one of the following institutions:

☐ Chicago State University
☐ Eastern Illinois University
☐ Governors State University
☐ Illinois State University
☐ Northern Illinois University
☐ Northeastern 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

(Signed)

SENATOR ARTHUR "AJ" WILHELM

Legislator's Name (Print or Type)

Representative District Number

Senatorial District Number

43rd

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

University

on 7/31/05 Date 20

Processed by:

ISBE 90-09 (1/04)
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.

Julia L. Beemsterboer
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
24915 S. Foxford Dr.
Manhattan, IL 60442

City/State ZIP Code

Western Illinois University, Macomb Campus
Public University at which Student is Enrolled, including campus

Architecture $5,300.00
Declared Major Total (Estimated) Tuition Waived

State Senator Arthur “AJ” Wilhelmi
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.

Julia L. Beemsterboer
Student Nominee's Signature

July 15, 2005 Date

Subscribed and Sworn before me this 15th day of July 2005

Karen Cimarelli
Notary Public Signature

- continued on reverse side -
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

6-26-06 Date

I hereby nominate and appoint:

[ ] Ms. [ ] Mr. Julia Beemsterboer
Name of Candidate

24915 Foxford Drive
Street Address

Manhattan IL 60442
City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at*

Western Illinois University
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 2006 scholarship to begin Fall 2006 for:

[ ] 1 Year including Summer
[ ] 1 Year Excluding Summer
[ ] Summer Only
[ ] Other (If filing a Vacated Semester)

Year of Scholarship (If Vacated, Specify)

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
[ ] Northeastern 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

(Signed) Jack McGuire
Legislators Name (Print or Type)

Senatorial District Number

OR

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

Will

Processed by: Al

ISBE 90-09 (5/06)
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.

Julia Lynn Beemsterboer
Student: (Nominee's) Printed Name

Student/Nominee's Permanent Address:
24915 South Foxford Drive
Street Address
Manhattan, Illinois 60442
City/State
ZIP Code

Western Illinois University, Macomb Campus
Public University at which Student is Enrolled, including campus

Pre - Architecture
Declared Major
Total (Estimated) Tuition Waived

Representative Jack Mc Guire
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.

Julia Beemsterboer
Student Nominee's Signature

Subscribed and Sworn before me this 26 day of June, 2006

Colleen R. Prieboy
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 NOMINATION FORM

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

I hereby nominate and appoint:

[Ms. or Mr.] Julia Beemsterboer
Name of Candidate
24915 South Foxford Drive
Street Address
Manhattan, IL 60442
City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at:

Southern Illinois University, Carbondale Campus
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 2007-08 scholarship to begin Fall 2007 for:

[ ] 1 Year Including Summer
[ ] 1 Year Excluding Summer
[ ] Summer Only
[ ] Other (If filing a Vacated Semester)

Specify:

*Check one of the following institutions:

[ ] Chicago State University
[ ] Eastern Illinois University
[ ] Governors State University
[ ] Illinois State University
[ ] Northern Illinois University
[ ] Northeastern 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

(Signed) A.J. Wilhelm
Legislator's Name (Print or Type)

Sanatorial District Number 43rd
OR
Representative District Number

Received, Recorded and Forwarded to:

S.I.U. - Carbondale on

Processed by:

ISBE 06-09 (506)
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.

Julia Beemsterboer
Student: (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:

Street Address
24915 South Foxford Drive

City/State Zip Code
Manhattan IL 60442

Public University at which Student is Enrolled, including campus
Southern Illinois University-Carbondale

Declared Major
Mechanical Engineering

Total (Estimated) Tuition Waived

Legislator’s Name
Senator A J W Inelmi

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.

Julia Beemsterboer
Student Nominee’s Signature

Date
July 2, 2007

Subscribed and Sworn before me this 2nd day of July, 2007

Robin L. Gaudy
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 NOMINATION FORM

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

I hereby nominate and appoint:

Ms. Megan E. Walsh
16043 W. Diane Way
Manhattan, IL 60442

who is certified to be a resident of my district for a scholarship at

Illinois 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 2002 scholarship to begin FALL 2002 for 1 Year Including Summer

Check one of the following institutions:

Chicago State University
Eastern Illinois University
Governors State University
Illinois State University
Northern Illinois University
Northeastern Illinois University
Southern Illinois University, Carbondale Campus
Southern Illinois University, Edwardsville Campus
Western Illinois University

Very truly yours,

(Signed)

State Rep. Jack McGuire

Senatorial District Number
OR
Representative District Number 86

Received, Recorded and Forwarded to:

Office Use Only -
**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.

Megan E. Walsh  
Student (Nominee's) Printed Name

<table>
<thead>
<tr>
<th>Student/Nominee's Permanent Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>16043 W. Diane Way</td>
</tr>
<tr>
<td>Manhattan, IL 60442</td>
</tr>
<tr>
<td>City/State ZIP Code</td>
</tr>
<tr>
<td>IL State University</td>
</tr>
<tr>
<td>Public University at which Student is Enrolled, including campus</td>
</tr>
<tr>
<td>Integrated Acct. $4200.00</td>
</tr>
<tr>
<td>Declared Major Total (Estimated) Tuition Waived</td>
</tr>
<tr>
<td>State Rep. Jack McGuire</td>
</tr>
<tr>
<td>Legislator's Name</td>
</tr>
</tbody>
</table>

### 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  
Megan E. Walsh  
Date 7-25-02

Subscribed and Sworn before me this 25th day of July, 2002  
Notary Public Signature  
Patricia O'Hara  
Notary Public, State of Illinois  
My Commission Expires: 21, 2005

- continued on reverse side -
NOTIFICATION OF VACATED GENERAL ASSEMBLY SCHOLARSHIP

INSTRUCTIONS: Pursuant to Chapter 122, Section 30-11 of the Illinois Revised Statutes, this form should be used to report General Assembly Scholarships which have been vacated. Please complete this form and send the first two copies to the above address, retaining the third copy for your files.

Date: 9-6-06

From: Illinois State University by Jennifer Fissel, Scholarship Coordinator

The following named student has surrendered his General Assembly Scholarship.

Name of Student: Megan Walsh
Address: 16043 W Diane Way Manhattan IL 60442
Name of Nominating Legislator: Jack McGuire
Senatorial District Number: 86
Representative District Number: __________ or __________

There remains unused ______ semester - Summer of this 2005 Scholarship which may be allocated to another student by the nominating legislator as provided in Sections 30-10 and 30-11 of the School Code.

Remarks: Student did not attend ISU for Summer semester so vacating back to state.

Received, Recorded and Forwarded to:


Processed by: A. Harbou
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

I hereby nominate and appoint:

Ms. [ ] Mr. [ ]
Name of Candidate Megan E. Walsh

16043 W. Diane Way
Street Address
Manhattan, IL 60442
City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at*

Illinois State University
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 2005 scholarship to begin Fall 2005 for [ ] 1 Year Including Summer [ ] 1 Year Excluding Summer [ ] Summer Only [ ] Other (If Filing a Vacated Semester)

Specify: ____________________________

*Check one of the following institutions:
[ ] Chicago State University
[ ] Eastern Illinois University
[ ] Governors State University
[ ] Illinois State University
[ ] Northern Illinois University
[ ] Northeastern 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

(Signed) Jack McGuire
Legislator's Name (Print or Type)

Senatorial District Number
OR
Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

ISU on 8/3/05 20

Processed by: ah

ISBE 90-09 (1/04)
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.

Megan E. Walsh
Student (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:
10043 W. Diane Way
Street Address
Manhattan, IL 66442
City/State

Public University at which Student is Enrolled, including campus
Illinois State University

Declared Major

Representative Jack McGuire
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.

Megan E. Walsh
Student Nominee’s Signature

Date
6-20-05

Subscribed and Sworn before me this 20 day of June, 2005

Colleen R. Prieboy
Notary Public State of Illinois
My Commission Expires 06/24/09
(SEAL)

Notary Public Signature

- continued on reverse side -
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

I hereby nominate and appoint:

[Signature]

[Name of Candidate]

Street Address

[Address]

City

State

Zip Code

who is certified to be a resident of my district for a scholarship at*

[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 [Year of Scholarship] scholarship to begin [Term (Fall, Spring, Summer/Year)] for [Term] [Number of Years] including summer.

*Check one of the following institutions:

[Checkboxes]

[Signature]

Representative [Name]

Senatorial District Number

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

[Signature]

Processed by:

[Signature]

ISBE 90-09 (1/04)
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.

Joanna Doyle
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:

225 N. Eastern St.
Street Address

Manhattan, IL 60442
City/State ZIP Code

Western Illinois University
Public University at which Student is Enrolled, including campus

Pre-Med Science
Declared Major Total (Estimated) Tuition Waived

Representative: John A. "Jack" McGuire
Legislator's Name

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.

Joanna Doyle
Student Nominee's Signature

7/4/04 Date

Subscribed and Sworn before me this 7th day of July, 2004

Kimberly A. Udston
Notary Public Signature

- continued on reverse side -
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

INSTRUCTIONS: Legislators, please complete this form. Send the original top two sheets to the above address and retain the third copy for your files. The original “Waiver of Confidentiality” form must accompany this nomination form in order for the scholarship to be processed.

I hereby nominate and appoint:

[Signature]

NAME OF CANDIDATE

JOANNA S. DOYLE

ADDRESS

225 NORTH EASTERN AVENUE

CITY

MANHATTAN

STATE

IL

ZIP CODE

60442

who is certified to be a resident of my district for a scholarship at:

WESTERN ILLINOIS 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 2005-06 scholarship to begin FALL 2005 for

X 1 Year Including Summer

X 1 Year Excluding Summer

Summer Only

Other (If Filing a Vacated Semester)

Term (Fall, Spring, Summer)/Year

Year of Scholarship

(If Vacated, Specify)

2005-06

Year Including

Summer

Excluding Summer

Other

(Specify)

*Check one of the following institutions:

[ ] Chicago State University

[ ] Eastern Illinois University

[ ] Governors State University

[ ] Illinois State University

[ ] Northern Illinois University

[ ] Northeastern 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

Legislator’s Name (Print or Type)

(Signed)

SENATOR ARTHUR "AJ" WILHELM

Senatorial District Number

43rd

Representative District Number

Office Use Only

Received, Recorded and Forwarded to:

Western Illinois University

on 7/31/05 Date

Processed by:

ISBE 90-09 (1/04)
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.

Joanna Doyle 
Student (Nominee's) Printed Name

Student Nominee's Permanent Address:

25111 O'Connell Lane 
Street Address

Manhattan, IL 60442 
City/State ZIP Code

Western Illinois University 
Public University at which Student is Enrolled, including campus

Microbiology $5,109.00 
Declared Major Total (Estimated) Tuition Waived

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

Joanna Doyle 7-13-05 
Student Nominee's Signature Date

Subscribed and Sworn before me this 13th day of July, 2005

Suzanne Casagrande 
Notary Public Signature
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

I hereby nominate and appoint:

[ ] Ms. [ ] Mr. Joanna Doyle
Name of Candidate
25611 O'Connel Lane
Street Address
Manhattan, IL 60442
City State Zip Code

who is certified to be a resident of my district for a scholarship at

Western Illinois University
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 2006-2007 scholarship to begin

Year of Scholarship
Fall, 2006 Term (Fall, Spring, Summer, Other)

[ ] 1 Year Including Summer:
[ ] 1 Year Excluding Summer:
[ ] Summer Only:
[ ] Other (If Vacated, Specify):

*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

(Signed)

Senator Arthur "A.J." Wilhelmi
Legislators Name (Print or Type)

Senatorial District Number

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

[ ] University on [ ]

[ ] Date

Processed by: [ ]

ISBE06-09 (5/06)
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.

Joanna Doyle
Student: (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:
25411 O’Connel Lane
Manhattan, IL 60442

City/State
Western Illinois University

Public University at which Student is Enrolled, including campus
Microbiology

Declared Major
Arthur “AJ” Wilhelm

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.
Joanna Doyle 7/7/06
Student Nominee’s Signature Date

Subscribed and Sworn before me this 7th day of July, 2006
Theresa M. Ellis
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 NOMINATION FORM

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

I hereby nominate and appoint:

[ ] Ms. [ ] Mr. Joanna Doyle

Name of Candidate

2561 O'Connel Lane

Street Address

Manhattan, IL 60442

City State Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at

Western Illinois University

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 2007-08 scholarship to begin for

Year of Scholarship Term (Fall, Spring, Summer)/Year

(1 Voted, Specify) Fall 2007

[ ] 1 Year Including Summer

[ ] 1 Year Excluding Summer

[ ] Summer Only

[ ] Other (If filling a Vacated Campaign)

Check one of the following Institutions:

[ ] Chicago State University

[ ] Eastern Illinois University

[ ] Governors State University

[ ] Illinois State University

[ ] Northern Illinois University

[ ] Northeastern 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

(Signed)

A.J. Wilhelm

Legislators Name (Print or Type)

Senatorial District Number 43

OR

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

Western Illinois University on July 12, 2007

Processed by:
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.

Joanna Doyle

Student: (Nominee's) Printed Name

Student/Nominee’s Permanent Address:

25611 O’Connel Ln

Street Address

25611 O'Connel Lane

City/State

Manhattan IL

ZIP Code

60442

Public University at which Student is Enrolled, including campus

Western Illinois University

Declared Major

Microbiology

Total (Estimated) Tuition Waived

$5,090.00

Legislator’s Name

Senator A.J. Wilhelmi

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.

Joanna Doyle

Student Nominee’s Signature

06/23/07

Date

Subscribed and Sworn before me this 23rd day of June, 2007

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 NOMINATION FORM

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

JULY 31, 2001

Date

I hereby nominate and appoint:

[ ] Ms.  [X] Mr.  PATRICK DOYLE
Name of Candidate

24935 S. BACKTHORN RD.
Street Address

MANHATTAN, IL 60442
City  State  Zip Code

Social Security Number

who is certified to be a resident of my district for a scholarship at

ILLINOIS STATE UNIVERSITY - NORMAL

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 2001 scholarship to begin FALL - 2001 for

RECEIVED
AUG 17 2001

State Board of Education
GOVERNMENTAL RELATIONS

Check one of the following institutions:

[ ] Chicago State University
[ ] Eastern Illinois University
[ ] Governors State University
[ ] Illinois State University
[ ] Northern Illinois University
[ ] Northeastern Illinois University
[ ] Southern Illinois University, Carbondale Campus
[ ] Southern Illinois University, Edwardsville Campus
[ ] Western Illinois University

[ ] 1 Year Including Summer
[ ] 1 Year Excluding Summer
[ ] Summer Only
[ ] Other (if filling a Vacated Semester)
Specify:

[ ] Yearot Semester

Term (Fall, Spring, Summer)

Very truly yours,

(Signed) STATE REP. JACK MCGUIRE

Legislator's Name (Print or Type)

Senatorial District Number

or

Representative District Number

OFFICE USE ONLY

Received, Recorded and Forwarded to:

154
University

on

Aug 17 2001

Date
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.

PATRICK DOYLE
Student (Nominee’s) Printed Name

24935 S. BLACKTHORN RD.
Street Address

MANHATTAN, IL 60442
City/State ZIP Code

ILLINOIS STATE UNIVERSITY
Public University at which Student is Enrolled, including campus

HEALTH EDUCATION $4200.00
Declared Major Total (Estimated) Tuition Waived

STATE REP. JACK MCGUIRE
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.

Patrick Doyle
Student Nominee’s Signature

8-10-01
Date

Subscribed and Sworn before me this 10 day of Aug., 2001.

Notary Public Signature

- continued on reverse side -
GENERAL ASSEMBLY SCHOLARSHIP NOMINATION FORM

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

I hereby nominate and appoint:

[ ] Ms.  [ ] Mr.  Andrea Lynn Doyle
Name of Candidate
225 N. Eastern Ave.
Street Address
Manhattan  Ill.  60442
City  State  Zip Code
Social Security Number

who is certified to be a resident of my district for a scholarship at:

Illinois State University
Name of Institution

as provided in an Act of the General Assembly of Illinois approved in 1981, as amended. I desire the above individual to have my scholarship to begin Fall 2001 for

Term (Fall, Spring, Summer) for
[ ] 1 Year Including Summer
[ ] 1 Year Excluding Summer
[ ] Summer Only
[ ] Other (If Filling a Vacated Semester)
Specify:

Check one of the following institutions:

[ ] Chicago State University
[ ] Eastern Illinois University
[ ] Governors State University
[ ] Illinois State University
[ ] Northern Illinois University
[ ] Northeastern Illinois University
[ ] Southern Illinois University, Carbondale Campus
[ ] Southern Illinois University, Edwardsville Campus
[ ] Western Illinois University

Senator Larry Walsh
Legislators Name (Print or Type)
Senatorial District Number 43rd
Representative District Number

Very truly yours,

[Signature]

Received, Recorded and Forwarded to:

[Signature]  [Date]

University
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.

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE NOMINEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 application, 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.</td>
</tr>
</tbody>
</table>

Andrea Lynn Doyle  
Student Nominee's Printed Name

<table>
<thead>
<tr>
<th>Student Nominee's Permanent Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>225 N Eastern Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan, IL 60442</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan, IL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZIP Code</th>
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<tbody>
<tr>
<td>60442</td>
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<table>
<thead>
<tr>
<th>Enrolled at (Public University)</th>
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<tbody>
<tr>
<td>Illinois State University</td>
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<table>
<thead>
<tr>
<th>Degree Program</th>
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<tbody>
<tr>
<td>Special Education</td>
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</table>

<table>
<thead>
<tr>
<th>Total (Estimated) Tuition Waived</th>
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</thead>
<tbody>
<tr>
<td>$6,000</td>
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</table>

<table>
<thead>
<tr>
<th>Legislator's Name</th>
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<tbody>
<tr>
<td>Lawrence M. Walsh</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>State law requires that this waiver form be signed by the nominee before a notary public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Nominee's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Doyle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>8-7-01</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Subscribed and Sworn before me this 7th day of August, 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notary Public Signature</td>
</tr>
</tbody>
</table>

- continued on reverse side -