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:

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 2002 scholarship to begin Fall 2002 for

Year of Scholarship (If Vacated, Specify)

Term (Fall, Spring, Summer, Year)

☑ 1 Year Including Summer
☐ 1 Year Excluding Summer
☐ Summer Only
☐ Other (If filing a Vacated Semester)

Specify:

Very truly yours,

(Signed)

Legislator's Name (Print or Type)

Senatorial District Number

Or

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

University on Date

ISBE 90-09 (1/02)
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.

Virina M. Brown
Student (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:

10732 S. Horimtage
Chicago, IL 60636

Public University at which Student is Enrolled, including campus

Chicago State University, 9501 S. King Drive

Declared Major

Pharmacy

Total (Estimated) Tuition Waived

Monique J. Davis
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.

Subscribed and Sworn before me this 6th day of July 2002

- 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. ALAN L. CARTER

Name of Candidate

8510 S. LOOMIS

Street Address

CHICAGO, IL 60620

City State Zip Code

Social Security Number

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

NORTHERN IL UNIV

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

☐ 1 Year including Summer

☐ 1 Year Excluding Summer

☐ Summer Only

☐ Other (If Vacating a Vacated Semester)

Specify:

Very truly yours,

(Signed)

MONIQUE DAVIS

Legislator’s Name (Print or Type)

Senatorial District Number

OR

Representative District Number 27

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

Received, Recorded and Forwarded to:

University on Date

ISBE 90-09 (10/98)
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 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 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.

ALAN LEE CARTER

Student (Nominee's) Printed Name

Student Nominee's Permanent Address:
8510 So. Loomis

Street Address

CHICAGO, ILLINOIS 60620

City/State ZIP Code

NORTHERN ILL. UNIV.-DEKALB

Enrolled at (Public University)

MECHANICAL ENGINEERING $ 3440.00

Degree Program Total (Estimated) Tuition Waived

MONIQUE D. DAVIS

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

[Signature]
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:

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>Erin Collins</th>
</tr>
</thead>
<tbody>
<tr>
<td>2157 W. 107th St.</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Chicago IL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>60643</td>
</tr>
</tbody>
</table>

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

Name of Institution

Eastern 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 2006 scholarship to begin

Year of Scholarship

(If Vacated, Specify)

Term (Fall, Spring, Summer):

Spring

☑ 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)

Monique Daus

Legislator's Name (Print or Type)

Senatorial District Number

Representative District Number

27th

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

EUI on 1-4-06

Processed by: A. Harlow

ISBE 90-09 (1/04)
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.

Erin C. Collins
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
2157 w. 107th street
Chicago, IL 60643

Declared Major
English with teacher certification
Total (Estimated) Tuition Waived

Monique D. Davis
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.

Erin C. Collins
Student Nominee's Signature

August 8, 2005
Date

Subscribed and Sworn before me this 8 day of Aug., 2005

[Signature]
Notary Public Signature

- continued on reverse side -
LEGISLATIVE NOMINATION FORM FOR SCHOLARSHIPS

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

I hereby nominate and appoint:

NAME OF CANDIDATE: Erin Collins

STREET ADDRESS: 2019 W. 109th Place

CITY: Chicago

STATE: IL

ZIP: 60659

SOCIAL SECURITY NUMBER: __ __ __ __ __ __ __ __

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

Eastern 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 scholarship to begin Spring 97 for 1 Year of Summer

Very truly yours,

(Named)

(Title)

Senatorial District Number: 27

Representative District Number: ___

Name any one of the following Institutions:

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

Office Use Only

Received, Recorded and Forwarded to:

4-12-97

by Allison Harbou
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. Filling of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Erin Collins

Student Nominee's Printed Name

Student Nominee's Permanent Address:

2519 W. 109th Place

Street Address

City/State

Chicago IL 60655

ZIP Code

Public University at which Student is Enrolled, including campus

EASTERN ILLINOIS UNIVERSITY

Declared Major

Monique Davis

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.

Erin Collins

Student Nominee's Signature

Date

4/5/07

Subscribed and Sworn before me this 5th day of April 2007

Notary Public's Signature

[Seal]
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. Erin Colleen Collins

2157 W. 107th Street

Chicago, IL 60643

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

Eastern 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 [2008] scholarship to begin [Spring 2008] or [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-Champaign
[ ] Western Illinois University

Signed:

Legislators Name (Print or Type)

Senatorial District Number

OR

Representative District Number

[27th]

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

[Elkhart University] on [7/28 2008]

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 information provided by Illinois General Assembly Scholarship applicants.

Student: (Nominee's) Printed Name

Student/Nominee's Permanent Address:

2157 W. 107th Street

City/State

Chicago, IL

ZIP Code

60643

Public University at which Student is Enrolled, Including Campus

Eastern Illinois University

Declared Major

Monique Davis

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

Date

Subscribed and Sworn before me this 17th 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.
DEAR SIR:

I hereby nominate and appoint:

Jocelyn A. Davis

(Name) (SSN)

10443 S. Prospect Ave

(Street Address)

Chicago IL 60643

(City, State, Zip)

who is certified to be a resident of my district for a scholarship at the University of Illinois, as provided in an Act of the General Assembly of Illinois approved in 1905, as amended.
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.

Jocelyn Althia Davis 5.5#
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.

Jocelyn Althia Davis 8/21/03
Student Nominee’s Signature Date

Subscribed and sworn before me this 21st day of Aug. 2003
Christie Hunter
Notary Public Signature

- continued on reverse side -
CORRECTED LETTER PER LEGISLATOR

April 25, 2005

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

This letter is to inform you that the 2003 General Assembly Scholarship that was awarded to Jocelyn Davis has been vacated. The reason given by the university for the student vacating the scholarship is “changing universities”.

This scholarship still has 1 summer remaining, which is being awarded to Ms. Davis to attend University of Illinois, Chicago per your instructions.

If we can be of any further assistance, please do not hesitate to contact me or Leigh Ann Smith at 217/782-4648.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations

cc: University of Illinois, Champaign Staff
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:

[Name]

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] scholarship to begin [Year] [Term] for [Number of Years Including Summer] [Year Including Summer] [Number of Years Excluding Summer] [Summer Only] [Number of Years Excluding Summer] [Other than Full-Time or 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

Received, Recorded and Forwarded to:

[University] on [Date] 2004

Processed by: [Signature]
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.

[Signatures and addresses]

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.

[Signatures and addresses]

- continued on reverse side -
CORRECTED LETTER PER LEGISLATOR

April 25, 2005

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

We have forwarded your nomination(s) for the following 2003 General Assembly Scholarship(s):

<table>
<thead>
<tr>
<th>NAME</th>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jocelyn A. Davis</td>
<td>One summer</td>
<td>Summer, 2004</td>
<td>University of Illinois, Chicago</td>
</tr>
</tbody>
</table>

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations
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:

Jocelyn A. Davis
10442 S. Prospect Ave
Chicago IL 60643

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 scholarship to begin for Term (Fall, Spring, Summer Year)

Very truly yours,

\(\text{Signed}\)

\(\text{Senator/Representative Name}\)

\(\text{Senatorial/Representative District Number}\)

\(\text{Check one of the following institutions:}\)

- 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

\(\text{Received, Recorded and Forwarded to:}\)

\(\text{University}\)

\(\text{Date}\)

ISBE 90-09 (3/03)
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.

Joseph A. Davis
Student (Nominee's) Printed Name

Student/Nominee’s Permanent Address:

10442 S. Prospect Ave.

Street Address

Chicago, IL 60643

City/State ZIP Code

University of Illinois Champaign, IL

Public University at which Student is Enrolled, including campus

 Early medicine $9,000

Declared Major Total (Estimated) Tuition Waived

Monique D. Davis
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.

Joseph A. Davis 5-28-04
Student Nominee’s Signature Date

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

Raymond N. Davis
Notary Public Signature

OFFICIAL SEAL
RAYMOND N. DAVIS
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. APR. 2, 2005

continued on reverse side
April 25, 2005

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

We have forwarded your nomination(s) for the following 2003 General Assembly Scholarship(s):

<table>
<thead>
<tr>
<th>NAME</th>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jocelyn A. Davis</td>
<td>One year, including summer</td>
<td>Fall, 2004</td>
<td>University of Illinois, Urbana</td>
</tr>
</tbody>
</table>

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations
April 25, 2005

Jocelyn A. Davis
10442 S. Prospect Avenue
Chicago, IL 60643

Dear Ms. Davis:

Due to the efforts of Representative Monique Davis, you have been awarded a General Assembly Scholarship. The scholarship is awarded as follows, and covers tuition.

<table>
<thead>
<tr>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>One year, including summer</td>
<td>Fall, 2004</td>
<td>University of Illinois, Urbana</td>
</tr>
</tbody>
</table>

Your scholarship information has been forwarded to the university’s financial aid office.

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations

cc: Representative Monique Davis
April 19, 2005

Leigh Ann Smith
Illinois State Board of Education
100 North First Street
Springfield, Illinois 62777-0001

RE: Jocelyn Davis, SSN#

Dear Leigh Ann,

Jocelyn Davis was enrolled here at the University of Illinois at Chicago during the Summer 2004 term. However, the Chicago campus never received notification to make payment on her General Assembly Scholarship award for the Summer 2004 term.

The student is currently trying to register for the Summer 2005, but has a hold on her student account due to an outstanding balance from Summer 2004. I am unable to have the hold removed until this problem has been rectified.

Please assist me in making certain that Jocelyn receive payment of her General Assembly Scholarship award from Summer 2004.

If you have any questions regarding this matter, please do not hesitate to contact me at 312-996-5563.

Thank you,

Ms. Kamella Kirkwood
Sr. Associate Director
April 21, 2005

To Whom It May Concern:

This is to verify the following student:

   Jocelyn Davis
   SSN:

Is attending/attended the University of Illinois during the following terms:

<table>
<thead>
<tr>
<th>Term</th>
<th>Status</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2003</td>
<td>Full time</td>
<td>January 21, 2003-May 16, 2003</td>
</tr>
<tr>
<td>Spring 2004</td>
<td>Full time</td>
<td>January 20, 2004-May 14, 2004</td>
</tr>
<tr>
<td>Fall 2004</td>
<td>Full time</td>
<td>August 25, 2004-December 18, 2004</td>
</tr>
<tr>
<td>Spring 2005</td>
<td>Full time</td>
<td>January 18, 2005-May 13, 2005</td>
</tr>
</tbody>
</table>

If you have any questions, please contact Registration Services at 217-333-9778.

Sincerely,

Kathleen M. Benz
Assistant to the Director, Office of Admissions and Records
April 25, 2005

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

This letter is being written to clarify the scholarship information for Jocelyn Davis. I have received information from both the University of Illinois at Urbana and the University of Illinois at Chicago. It appears that Ms. Davis attended as follows:

FY03 Scholarship – Fall, 2003 and Spring 2004 at University of Illinois, Urbana
FY03 Scholarship – Vacated summer portion for 2004
FY03 Scholarship – Awarded summer portion for 2004 at University of Illinois, Chicago
FY04 Scholarship – Awarded one year, including summer, beginning in Fall 2004 at University of Illinois, Urbana

The paperwork sent in for Ms. Davis does not match this above listing. I have included corrected paperwork for your records, as well as for financial aid staff at both universities.

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz
Assistant Superintendent for Operations
December 10, 2004

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

This letter is to inform you that the 2004 General Assembly Scholarship that was awarded to Jocelyn Davis has been vacated. The reason given by the university for the student vacating the scholarship is “student changing universities”.

This scholarship still has 2 semesters remaining, which have been awarded to Ms. Davis to use at U of I, Chicago per your instructions.

If we can be of any further assistance, please do not hesitate to contact me or Leigh Ann Smith at 217/782-4648.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations

cc: University of Illinois, Urbana Staff
Illinois State Board of Education  
Mail Code: 5492  
100 North First Street  
Springfield, IL 62777

RE: Ms. Jocelyn A. Davis, SS#

To Whom It May Concern:

Ms. Jocelyn A. Davis has vacated the Spring and Fall semesters of her full year Legislative Scholarship using only the Summer portion at University of Illinois, Chicago.

Please feel free to contact my Springfield office should you have any questions regarding Ms. Davis’ Legislative Scholarship.

Sincerely,

Monique D. Davis  
State Representative  
27th District
June 29, 2004

The Honorable Monique Davis  
State Representative  
2040-J Stratton Building  
Springfield, IL  62706

Dear Representative Davis:

We have forwarded your nomination(s) for the following 2004 General Assembly Scholarship(s):

<table>
<thead>
<tr>
<th>NAME</th>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jocelyn A. Davis</td>
<td>One year, including summer</td>
<td>Summer, 2004</td>
<td>University of Illinois, Urbana</td>
</tr>
</tbody>
</table>

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

[Signature]

Peter Leonis  
Director  
Governmental Relations
June 29, 2004

Jocelyn A. Davis
10442 S. Prospect Avenue
Chicago, IL 60643

Dear Ms. Davis:

Due to the efforts of Representative Monique Davis, you have been awarded a General Assembly Scholarship. The scholarship is awarded as follows, and covers tuition.

<table>
<thead>
<tr>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>One year, including summer</td>
<td>Summer, 2004</td>
<td>University of Illinois, Urbana</td>
</tr>
</tbody>
</table>

Your scholarship information has been forwarded to the university's financial aid office.

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Peter Leonis
Director
Governmental Relations

cc: Representative Monique Davis
December 10, 2004

The Honorable Monique Davis  
State Representative  
2040-J Stratton Building  
Springfield, IL 62706

Dear Representative Davis:

We have forwarded your nomination(s) for the following 2004 General Assembly Scholarship(s):

<table>
<thead>
<tr>
<th>NAME</th>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jocelyn A. Davis</td>
<td>Two semesters</td>
<td>Fall, 2004</td>
<td>University of Illinois, Chicago</td>
</tr>
</tbody>
</table>

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz  
Assistant Superintendent  
for Operations
December 10, 2004

Jocelyn A. Davis
10442 S. Prospect Avenue
Chicago, IL 60643

Dear Ms. Davis:

Due to the efforts of Representative Monique Davis, you have been awarded a General Assembly Scholarship. The scholarship is awarded as follows, and covers tuition.

<table>
<thead>
<tr>
<th>TERM</th>
<th>START DATE</th>
<th>UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two semesters</td>
<td>Fall, 2004</td>
<td>University of Illinois, Chicago</td>
</tr>
</tbody>
</table>

Your scholarship information has been forwarded to the university’s financial aid office.

If we can be of any further assistance to you, please do not hesitate to contact me at 217/782-6510.

Sincerely,

Mark Kolaz
Assistant Superintendent for Operations

cc: Representative Monique Davis
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:

[Name of Candidate]
10442 S. Prospect Ave
Chicago, IL 60643

[Social Security Number]

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 [2005] scholarship to begin Fall 2005 for:

[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 (if filing a vacated semester)]

[Legislator's Name (Print or Type)]

[Senatorial District Number or Representative District Number]

[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.

JACLYN A. DAVIS
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
10412 S. Prospect Ave.
Street Address

CHICAGO 60643
City/State

UNIVERSITY OF ILLINOIS AT CHICAGO: SUMMER 2005
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN BEGINNING FALL 2005 THROUGH SUMMER 2006
Public University at which Student is Enrolled, including campus

PRE-MEDICAL
Declared Major

$9,000.00
Total (Estimated) Tuition Waived

MONIQUE D. DAVIS
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.

JACLYN A. DAVIS
Student Nominee's Signature

5/1/05
Date

Subscribed and Sworn before me this 21st day of May, 2005.

RAYMOND DAVIS
Notary Public Signature
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. Jocelyn A. Davis

10442 S. Prospect Ave

Chicago, IL 60643

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

University of Illinois, Chicago

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 \underline{Summer} for \underline{1 Year Including Summer}

Year of Scholarship

(If Vacated, Specify)

\underline{Term (Fall, Spring, Summer)/Year}

\underline{1 Year Excluding Summer}

\underline{Summer Only}

\underline{Other (If Filing a Vacated Semester)}

*Check one of the following Institutions:

-\underline{Chicago State University}
-\underline{Eastern Illinois University}
-\underline{Governors State University}
-\underline{Illinois State University}
-\underline{Northern Illinois University}
-\underline{Northeastern Illinois University}
-\underline{Southern Illinois University, Carbondale Campus}
-\underline{Southern Illinois University, Edwardsville Campus}
-\underline{University of Illinois, Chicago}
-\underline{University of Illinois, Springfield}
-\underline{University of Illinois, Urbana Champaign}
-\underline{Western Illinois University}

\underline{Senatorial District Number} 21st

\underline{Representative District Number}

\underline{Legislator’s Name (Print or Type)}

\underline{Senator/Representative}

\underline{Date}}
May 26, 2005

Ms. LeAnn Smith  
State Board of Education  
100 North First Street  
Springfield, IL 62777-0001

RE: General Assembly Scholarships

Dear Ms. Smith:

Jocelyn Davis, SS# will be attending the University of Illinois Chicago during the summer semester and then during the fall and spring semesters she will attend the University of Illinois Urbana.

Thank you for your help on this matter.

Sincerely,

Monique D. Davis  
State Representative  
27th District
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:

[Name of Candidate]

[Address]

City

State

Zip Code

[Social Security Number]

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 scholarship to begin [Year of Scholarship] for [Term (Fall, Spring, Summer)] for [Number of Years Including Summer]

[Signature]

(Signed)

[Legislator's Name (Print or Type)]

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]

[Western Illinois University]

[Office Use Only]

Received, Recorded and Forwarded to:

[ISBE]

University

on

[Date]

ISBE 90-09 (1/02)
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.

LUCAS

DAVIS

Student (Nominee)’s Printed Name

Student/Nominee’s Permanent Address:

10421 S Hale Apt 42D

Street Address

Chicago IL 6063

City/State

ZIP Code

Public University at which Student is Enrolled, including campus:

Professional University

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.

X Lucas Davis

Student Nominee’s Signature

12/30/02

Date

Subscribed and Sworn before me this 30 day of Dec

Notary Public Signature

- continued on reverse side -

Scammell 2003
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. Patricia Epps]
Name of Candidate

10421 S. Hoke # 235
Street Address

Chicago IL 60643
City State Zip Code

Social Security Number

who is certified to be a resident of my district for 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 201 scholarship to begin Summer 03

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:

Very truly yours,

[Monique Davis]
(Signed)
Legislator's Name (Print or Type)

Senatorial District Number

or

Representative District Number

27

*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

Received, Recorded and Forwarded to: CSU

on 1/13/03

University Date

ISBE 90-09 (1/02)
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.

Patricia Epps
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
10421 S. Hale #2D
Street Address
City/State: Chicago, IL, 60643
ZIP Code

Public University at which Student is Enrolled, including campus:
Chicago State University

Biology
Declared Major

Monique Davis
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.

X Patricia Epps
Student Nominee's Signature 12/30/02
Date

Subscribed and Sworn before me this 30 day of Dec.

Christie Hunter 12-30-02
Notary Public Signature

- 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: 10-5-09

From: S.U.-Carbondale by Paula Clendenen Asst. Director

Name of University

Name of Student: Ryan Fields

Address: 9747 S. Yale

Name of Nominating Legislator: Monique Davis

Senatorial District Number: 27th

Representative District Number: [Blank]

There remains unused [Blank] Years [Blank] Semesters [Blank] Quarters of this Year of Scholarship 2009-2010 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 06-19-10

Processed by
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:

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Fields</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>9747 S. Yale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago</td>
<td>IL</td>
<td>60628</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Illinois University</td>
</tr>
</tbody>
</table>

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 2008 for

<table>
<thead>
<tr>
<th>Term (Fall, Spring, Summer)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td></td>
</tr>
</tbody>
</table>

**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)

Morgan Davis

Legislators Name (Print or Type)

Senatorial District Number

OR

Representative District Number

27

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

SIU - C on 9-29-20 8

Processed by:

Alison Harbough
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. Filling of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Ryan E. Fields

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.

Ryan E. Fields

Student Nominee's Signature

Date: 8-21-08

Subscribed and Sworn before me this 21 day of August, 2008

Cheiré M. Hatlin

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.

May 16, 2002

I hereby nominate and appoint:

[ ] Ms. [ ] Mr. Karen Ymonne Harris
Name of Candidate

8556 S. Rockwell ST
Street Address

Chicago, IL 60652
City State Zip Code

Social Security Number

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

Eastern Illinois University, Charleston
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 ___ yr. scholarship to begin Fall 2002 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
[ ] Western Illinois University

Very truly yours,

(Signed) Representative Monique Davis
Legislators Name (Print or Type)

Senatorial District Number ___ OR Representative District Number 27

Received, Recorded and Forwarded to:

[ ] University on ___ Date __002

ISBE 90-09 (10/98)
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.

Karen Yvonne Harris
Student (Nominee’s) Printed Name

Student/Nominee’s Permanent Address:

8556 South Rockwell
Street Address

Chicago, Illinois 60652
City/State ZIP Code

Eastern Illinois University - Charleston, Illinois
Public University at which Student is Enrolled, including campus

Elementary Education $6,000
Declared Major Total (Estimated) Tuition Waived

State Representative - Monique Davis
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.

Karen Y Harris 03/09/02
Student Nominee’s Signature Date

Subscribed and Sworn before me this 22nd day of April 2002

Christie Hunter
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:

[Name of Candidate]

[Street Address]

City State Zip Code

Social Security Number

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 '03 scholarship to begin [ ] Fall [ ] for [X] 1 Year Including Summer [ ] 1 Year Excluding Summer [ ] Summer Only [ ] Other (If Filling a Vacated Semester) Specify:

[Signature]

(Signed)

Legislators Name (Print or Type)

Senatorial District Number ____________________________

Representative District Number 27

*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

Received, Recorded and Forwarded to:

[University]

on [Date] 20[ ]

[Signature]
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.

Karen Yvonne Harris
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
10951 South Esmond St.
Street Address

Chicago, Illinois 60643
City/State ZIP Code

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

Elementary Education $2600
Declared Major Total (Estimated) Tuition Waived

Monique D. Davis
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.

Karen Harris
Student Nominee's Signature

July 16, 2003
Date

Subscribed and Sworn before me this 1st day of Aug., 2003

Christie Hunter
Notary Public Signature

- continued on reverse side -
ILLINOIS STATE BOARD OF EDUCATION
Governmental Relations/Staff Assistance
100 North First Street
Springfield, Illinois 62777

LEGISLATIVE NOMINATION FORM FOR SCHOLARSHIPS

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

I hereby nominate and appoint:

NAME OF CANDIDATE: Cydnee Kennedy

STREET ADDRESS: 9817 S. Peoria

CITY: Chicago
STATE: IL
ZIP: 60643

SOCIAL SECURITY NUMBER: 

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

University of Illinois at 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 2007 scholarship to begin fall for 1 year w/ summer

Very truly yours,

Representative District Number: 27

Senatorial District Number: 

Signed: 

Very truly yours,

Representative District Number: 

Office Use Only

Recorded and Forwarded to: UofI-Urbana on April 17, 2007

Student Changed by Alison

UNIVERSITIES per legislator Harbour
August 27, 2007

State Board of Education
Attn: Alison Harbor
Fax: 21-785-3972

Dear Ms. Harbor:

Per our conversation please make sure that Ms. Cydnee Kennedy's scholarship is for the Champaign-Urbana campus and not at the Chicago campus of University of Illinois. Her Waiver of Confidentiality and the Nomination form are attached and neither specify a campus. I am sorry for the confusion but appreciate your help in correcting this mistake.

Please feel free to contact my Springfield office should you have any questions.

Sincerely,

Monique D. Davis
State Representative
27th District
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

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Cydnee Kennedy
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
9817 S. Peoria
Street Address

Chicago, IL 60643
City/State ZIP Code

University of Illinois - Urbana
Public University at which Student is Enrolled, including campus

English
Declared Major

Monique D. Davis
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

4/5/07 Date

Subscribed and Sworn before me this 5th day of April 2007

Virgina Woodard Jones
Notary Public Signature

- continued on reverse side -
The State Legislator who is awarding a General Assembly Scholarship must forward this completed waiver form, along with the Illinois General Assembly Scholarship nomination to:

- The President of the University of Illinois for nominees attending the University of Illinois; or
- The State Superintendent of Education for nominees attending other Illinois public universities.

State law provides that by filing this waiver document with the University of Illinois or 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:

Cyndee Kennedy

Street Address: 10217 S. Wood

City: Chicago

State: IL

Zip Code: 60643

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 2009 scholarship to begin

Spring 09

☐ 1 Year Including Summer
☐ 1 Year Excluding Summer
☐ Summer Only
☐ Other (if filling a Vacated Senate

Years)

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)

Legislator's Name (Print or Type)

Senatorial District Number

OR

Representative District Number

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

U 1 U C on Feb. 18 2009

Processed by: Allison Harbour
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 prejudice 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:

10217 S. Wood

Street Address

City/State

University of Illinois - Urbana-Champaign

Public University at which Student is Enrolled, including campus

Declared Major

Total (Estimated) Tuition Waived

TO BE COMPLETED BY THE NOMINEE AND THE NOTARY PUBLIC

Student Nominee’s Signature

Date

Subscribed and Sworn before me this ___ day of Feb., 2009.

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. ☑ Mr. WILLIAM A. HARRIS, JR
Name of Candidate

556 South ROCKWELL STREET
Street Address

CHICAGO, ILLINOIS 60652
City State Zip Code

Social Security Number:

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

EASTERN 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 ☐ 2001 scholarship to begin ☐SPRING ☐001 for ☐ 1 Year Including Summer ☐ 1 Year Excluding Summer ☐ Summer Only ☐ Other (If filing a Vacated Semester) Specify:

RECEIVED
JAN 02 2001

State Board of Education GOVERNMENTAL RELATIONS

Senator

REPRESENTATIVE MONIQUE D. DAVIS
Legislator's Name (Print or Type)

Senatorial District Number

OR

Representative District Number 27

Received, Recorded and Forwarded to:

rtm

University Date

ISSN 90-98 (10/88)
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 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.

William A. Harris Jr.
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:

8556 South Rockwell

Street Address

Chicago, Illinois 60652

City/State ZIP Code

Eastern Illinois University State Board of Education

Enrolled at (Public University)

Computer Management $2600

Degree Program Total (Estimated) Tuition Waived

Monique D. Davis
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.

William A. Harris Jr. 12/22/00
Student Nominee's Signature Date

Subscribed and Sworn before me this 23rd day of Dec. 1992

Mary E. Lopez
Notary Public Signature

"OFFICIAL SEAL"
MARY E. LOPEZ
Notary Public State of Illinois
My Commission Expires March 22, 2004

- 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.

Date: 12/31/01

I hereby nominate and appoint

[ ] Ms. [ ] Mr. William A. Harris, JR

Name of Candidate

8556 South Rockwell Street

Street Address

Chicago IL 60652

City State Zip Code

Social Security Number

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

Eastern 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 2001 scholarship to begin Spring/2002 for 1 Year Including Summer

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

☑ ☐ 1 Year Excluding Summer

☑ ☐ Summer Only

☑ ☐ Other (If filing a vacated semester)

Specify:

Very truly yours,

[Signature]

Representative Monique Davis

Legislator Name (Print or Type)

Senatorial District Number

OR

Representative District Number 27th

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

Received, Recorded and Forwarded to:

[Signature]

University

[Date]

Office Use Only

ISeE 90-08 (10/98)
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.

William A. Harris, Jr.
Student (Nominee's) Printed Name

8556 South Rockwell Street
Street Address

Chicago, Illinois 60652
City/State ZIP Code

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

Computer Management $2600
Declared Major Total (Estimated) Tuition Waived

Monique D. Davis
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.

December 19, 2001
Date

William A. Harris, Jr.
Student Nominee's Signature

Caretta Jones
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.

May 16, 2002

I hereby nominate and appoint:

[ ] Ms. [x] Mr. William Anthony Harris, Jr.

Name of Candidate

8000 S. Campbell

Street Address

Chicago, IL 60652

City State Zip Code

Social Security Number

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

Eastern Illinois University--Charleston

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 2002 for [ ] 1 Year Including Summer [ ] 1 Year Excluding Summer [ ] Summer Only [ ] Other (If Vacated a Vacated Semester) Specify: [ ]

Very truly yours,

[Signature]

Representative Monique Davis

Legislator's Name (Print or Type)
Sanatorial District Number
OR
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
[ ] Western Illinois University

RECEIVED, RECORD AND FORWARD TO:

E14

on

May 31, 2002

University
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.

William Anthony Harris, Jr.
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
8000 South Campbell
Street Address
Chicago, Illinois 60652
City/State ZIP Code

Eastern Illinois University- Charleston, Illinois
Public University at which Student is Enrolled, including campus
Economics/Computer Information Systems $6,000
Declared Major Total (Estimated) Tuition Waived

State Representative- Monique Davis
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.

William Harris
Student Nominee's Signature 03/20/02 Date

Subscribed and Sworn before me this 3rd day of April 2002

Christie Hunter
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.

Date: 6/10/02

I hereby nominate and appoint:

☐ Mr. ☑ Mrs. William A. Harris, Jr.

Name of Candidate

800 S. Campbell Ave.

Street Address

Chicago IL 60652

City State Zip Code

Social Security Number

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

Eastern Illinois University, Charleston, IL

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 2002 scholarship to begin summer 2002 or

☐ 1 Year including Summer

☐ 1 Year Excluding Summer

☑ Summer Only

☐ Other (If Filing a Vacated Semester)

Specify:

Very truly yours,

[Signature: Monique Davis]

Legislators Name (Print or Type)

Senatorial District Number 27th

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

☐ Western Illinois University

Received, Recorded and Forwarded to:

EIU on June 11, 2002

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.

**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.

William Anthony Harris, Jr.
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
8000 South Campbell Avenue
Street Address
Chicago, Illinois 60652
City/State ZIP Code

Eastern Illinois University - Charleston, Illinois
Public University at which Student is Enrolled, including campus

Economics / Computer Information Systems $4000
Declared Major Total (Estimated) Tuition Waived

State Representative - Monique Davis
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

\[Signature\]
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.

Date: 9/17/04

I hereby nominate and appoint:

[Name of Candidate] Jahmahn Arnold-Maurice Larsos

[Street Address] 9915 S. Wood Street #16

[City, State, Zip Code] Chicago, IL 60643

[Social Security Number]

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

[Name of Institution] University of Illinois

as provided in an Act of the General Assembly of Illinois approved in 1961, as amended. I desire the above individual to have my 2004 scholarship to begin Spring 05 for:

- 1 Year Including Summer
- 1 Year Excluding Summer
- Summer Only
- 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] Monique Davis

[Senator/Representative District Number] 27-10

Processed by: [Signature] on 7/8/04

ISBE 90-09 (1/04)
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.

[Signature]

Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:

[Address]

City/State ZIP Code

Public University at which Student is Enrolled, including campus

[University Name]

Declared Major

[Major]

Total (Estimated) Tuition Waived

[Amount]

Legislator's Name

[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]

Date

Subscribed and Sworn before me this [Date] day of Aug. 2004

[Signature]

Notary Public Signature

- continued on reverse side -
ILLINOIS STATE BOARD OF EDUCATION
Governmental Relations/Staff Assistance
100 North First Street
Springfield, Illinois 62777

LEGISLATIVE NOMINATION FORM FOR SCHOLARSHIPS

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

I hereby nominate and appoint:

NAME OF CANDIDATE: Johnnie Larsosa
STREET ADDRESS: 9915 S. Wood #16
CITY: Chicago
STATE: IL
ZIP: 60643

who is certified to be a resident of my district for 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 Summer 05 or Summer Only.

Very truly yours,

(Signed) Minogue Davis

Senatorial District Number ____________
Representative District Number 27th

* Name any one of the following Institutions:

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

- Office Use Only -

Received, Recorded and Forwarded to:

University on Date
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. Filling of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

<table>
<thead>
<tr>
<th>Name</th>
<th>S.S. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jahnara Lazoza</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student/Nominating's Permanent Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9915 S. Wood Rd #16</td>
<td>Phone:</td>
</tr>
<tr>
<td>Chicago, IL 60643</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago</td>
<td>60643</td>
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</table>

<table>
<thead>
<tr>
<th>Public University at which Student is Enrolled, including campus</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Chicago State University</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Engineer</th>
<th>6-9 hrs</th>
<th>$2000</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Declared Major</th>
<th>Total (Estimated) Tuition Waived</th>
</tr>
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<tbody>
<tr>
<td>Engineer</td>
<td></td>
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<table>
<thead>
<tr>
<th>State Representative</th>
<th></th>
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<tbody>
<tr>
<td>Monique D. Davis</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Legislator's Name</th>
<th></th>
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<tbody>
<tr>
<td>Monique D. Davis</td>
<td></td>
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</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.

<table>
<thead>
<tr>
<th>Student Nominee's Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Mahama Lazoza</td>
<td>04.06.05</td>
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</table>

<table>
<thead>
<tr>
<th>Subscribed and Sworn before me this</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th day of April, 2005</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Notary Public Signature</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Christie Hunter</td>
<td></td>
</tr>
</tbody>
</table>

- continued on reverse side -
June 6, 2005

State Board of Education
Attn: LeAnn
Governmental Relations/GA Scholarships
100 North First Street
Springfield, IL 62777

Dear LeAnn:

I had awarded a full year scholarship to Jahmhn Larsosa including a summer semester at U of I Chicago. Jahmhn will be using his summer portion at Chicago State University and then returning in the Fall to U of I. Please vacate and reassign his scholarship to show this change.

Thank you so much for all your help and hard work.

Sincerely,

Monique D. Davis
State Representative
27th District
June 9, 2005

The Honorable Monique Davis
State Representative
2040-J Stratton Building
Springfield, IL 62706

Dear Representative Davis:

This letter is to inform you that the 2005 General Assembly Scholarship that was awarded to Jahmahn Larsosa has been vacated. The reason given by the university for the student vacating the scholarship is “changing universities”.

This scholarship still has 1 summer and 1 semester remaining, which will be awarded to Mr. Larsosa at Chicago State University per your instructions.

If we can be of any further assistance, please do not hesitate to contact me or Leigh Ann Smith at 217/782-4648.

Sincerely,

Mark Kolaz
Assistant Superintendent
for Operations

cc: University of Illinois, Chicago Staff
LEGISLATIVE NOMINATION FORM FOR SCHOLARSHIPS

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

I hereby nominate and appoint:

NAME OF CANDIDATE: Cornel James McKay Jr.

STREET ADDRESS: 7131 S. Dobson Ave.

CITY: Chicago

STATE: IL

ZIP: 60619

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 scholarship to begin Fall '05 for 1 year.

Very truly yours,

(Signed)

Senatorial District Number

Representative District Number

- Office Use Only -

Received, Recorded and Forwarded to:

[Signature]

University

on

Date

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.

Cornel James McKay Jr. SSN: __________________________
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address: 7131 S Dobson Ave.
Street Address
Chicago Illinois 60619
City/State ZIP Code
Illinois State University Public University at which Student is Enrolled, including campus
Computer Science $11,000 Declared Major Total (Estimated) Tuition Waived

Monique D. Davis
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.

Cornel J. McKay Jr. Feb. 1, 2005
Student Nominee's Signature Date

Subscribed and Sworn before me this 1st day of February 2005

Christie Hunter
Notary Public Signature

- 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>5-10-07</th>
</tr>
</thead>
</table>

From  
Illinois State University  
by  
Jennifer Fessel Scholarship Coordinator

The following named student has surrendered his General Assembly Scholarship.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Coen/McKay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>7131 S Dobson  Chicago IL 60619</td>
</tr>
<tr>
<td>Name of Nominating Legislator</td>
<td>Monique Davis</td>
</tr>
</tbody>
</table>

Senatorial District Number  
Representative District Number  
27  

There remains unused  

**2006**  
Summer 2007 remains of this 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:  
Not attending ISU

**OFFICE USE ONLY**

Received, Recorded and Forwarded to:  
Rep Davis on  
5/17/07  
Name of Legislator  
Date

Processed by:  
Alison Anderson  
ISBE 90-10 (1/04)
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.

Date: 01/10/06

I hereby nominate and appoint:

Cornel J. McKay
1311 S. Dobson
Chicago, IL 60619

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 2006 scholarship to begin Fall 2006 for the term (Fall, Spring, Summer) Year.

Monique P. Davis
Senatorial District Number 27
Representative District Number

Received, Recorded and Forwarded to:

154
University

on May 4, 2006

Processed by: Alison Harbour
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.

CONVIVEL J. MCKAY
Student (Nominee)'s Printed Name

Student/Nominee's Permanent Address:
7131 S. DOBSON

City/State
CHICAGO ILL. 60619

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

INFORMATION SYSTEMS $14,000
Declared Major

Monique Davis
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.

CONVIVEL MCKAY
Student Nominee's Signature

4/25/2006
Date

Subscribed and Sworn before me this 25th day of April 2006.

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.

Date: 01/06

I hereby nominate and appoint:

James McKay
7131 S. Dobson Ave.
Chicago, IL 60619

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 2006 scholarship to begin Fall 2006.

Year of Scholarship (If Vacated, Specify)

Fall 2006

Term (Fall, Spring, Summer)/Year

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

Monique D. Davis
Legislator's Name (Print or Type)

Senatorial District Number 27

Representative District Number

Received, Recorded and Forwarded to:

ISBE 00-09 University on May 4, 2006

Processed by: Alison Harbun

ISBE 00-09 (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.

James McKay
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
7131 S. Douglas Avenue
Chicago, Illinois 60619

City/State ZIP Code

Public University at which Student is Enrolled, including campus
Mathematics

Declared Major Total (Estimated) Tuition Waived

Monique Davis
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.

James McKay
Student Nominee's Signature

4/25/06
Date

Subscribed and Sworn before me this 25 day of February, 2006

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

City State Zip Code

Social Security Number

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

[Signature]

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 2006 scholarship to begin [Spring] for

Year of Scholarship

Term (Fall, Spring, Summer, Year)

☐ 1 Year Including Summer
☐ 1 Year Excluding Summer
☐ Summer-Only
☐ Other (If listing a specific semester)

☑ [Check one of the following institutions:]

☐ Chicago State University
☐ Eastern Illinois University
☐ Governors State University
☐ Illinois State University
☐ Northern Illinois University
☐ Northwestern 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]

Legislators Name (Full or Type)

[Representative District Number]

[Office Use Only]

Received, Recorded and Forwarded to:

University on 1-10-06

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 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 any 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 legislature 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.

**SEAN KRISTOFFER HUNTER**  
Student (Nominee’s) Printed Name

**Student/Nominee’s Permanent Address:**

9915 South Wood Street, Apt. 15  
CHICAGO, ILLINOIS 60613

**University of Illinois - Urbana Champaign**  
Public University at which Student is Enrolled, including campus

**LAW (J.D.)**  
Total (Estimated) Tuition Waived

MONIQUE D. DAVIS  
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.

**12/29/05**  
Student Nominee’s Signature

**27 day of December 2005**  
Subscribed and Sworn before me this

**BRYNA MCCONKIE**  
Notary Public Signature

---

**SEAN KRISTOFFER HUNTER**  
Student (Nominee’s) Printed Name

**University of Illinois - Urbana Champaign**  
Public University at which Student is Enrolled, including campus

**LAW (J.D.)**  
Total (Estimated) Tuition Waived

MONIQUE D. DAVIS  
Legislator’s Name

---

**12/29/05**  
Student Nominee’s Signature

**27 day of December 2005**  
Subscribed and Sworn before me this

**BRYNA MCCONKIE**  
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:

[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] scholarship to begin [Fall, Spring, Summer, Other] for [1 Year Including Summer, 1 Year Excluding Summer, Summer Only, Other (if filling a vacant 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-Champaign
[ ] William Rainey Harper College

[Signature]

[Senator's Name (Print or Type)]

[District Number]

[Representative District Number]

Received, Recorded and Forwarded to:

[Office Address] on [Date]

Processed by:

[Name]

[ISBE 90-01 (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 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.

SEAN K. HUNTER
Student (Nominee’s) Printed Name

9915 SOUTH WOOD APT #15
Student/ Nominee’s Permanent Address:

CHICAGO, ILLINOIS 60643
Street Address

UNIVERSITY OF ILLINOIS - URBANA-CHAMPAIGN
City/State EIP Code

LAW
Public University at which Student is Enrolled, including campus

$10,000/Semester

Declared Major Total (Estimated) Tuition Waived

STATE REPRESENTATIVE MONIQUE D. DAVIS
Legislative’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

1/15/07
Date

Subscribed and sworn before me this 15TH day of January, 2007
[Signature]
Notary Public Signature

- 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.

From: UIC

Date: 7/20/11

by: Pam Clarke - ISBE

The following named student has surrendered his General Assembly Scholarship.

Name of Student: Simone Craddock-Wilson
Address: 8747 S. Morgan St, Chicago IL 60620
Name of Nominating Legislator: Monique Davis

Senatorial District Number: 27
Representative District Number: 27

There remains unused 1 Semester (Spring) & Summer of this 2010 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: per Ronnie student did not attend Spring 2011 & Summer 2011
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]

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] scholarship to begin [Term (Fall, Spring, Summer)] for [1 Year Including Summer

[Representative District Number]

[Senatorial 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

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 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. Filling of this waiver form does not preclude state legislators from requiring and disclosing other information provided by Illinois General Assembly Scholarship applicants.

Simone Y. Craddock-Wilson
Student: (Nominee's) Printed Name

Student/Nominee's Permanent Address:
8747 S. Morgan St.
Street Address
Chicago/IL 60620-3251
City/State
ZIP Code

University of Illinois/Chicago
Public University at which Student is Enrolled, including campus

Education
$15,000.00
Total (Estimated) Tuition Waived

Declared Major
State Rep. Monique Davis
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.

Simone Y. Craddock-Wilson
Student Nominee's Signature

06-30-2010
Date

Subscribed and Sworn before me this 30th day of June 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:

Ms. Darlene J. Watts

9735 S. Green

Chicago, IL 60643

Social Security Number

who is certified to be a resident of my district for 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 2003 scholarship to begin Fall for

Year of Scholarship (If Vacated, Specify)

Term (Fall, Spring, Summer)/Year

Year Including Summer

Year Excluding Summer

Summer Only

Other (If Filing a Vacated Semester)

Very truly yours,

Monique Davis

Legislator's Name (Print or Type)

 Senatorial District Number

OR

Representative District Number

Received, Recorded and Forwarded to:

CSU

university

on 8/21 20 03

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.

Darlene J. Watts - SSN (555) 222-3333
Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:
9735 S. Green
Street Address
Chicago, Illinois 60643
City/State ZIP Code

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

Declared Major Total (Estimated) Tuition Waived
Technology in Education

State Representative Monique D. Davis
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.

Darlene J. Watts July 22, 2003
Student Nominee’s Signature Date

Subscribed and Sworn before me this 22 day of July, 2003

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.

1/3/03

Date

I hereby nominate and appoint:

Darlene Watts

Name of Candidate

9350 S. May

Street Address

Chicago IL 60620

City State Zip Code

Social Security Number

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

Chicago 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 99 scholarship to begin Summer 03 for

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

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

Very truly yours,

[Signature]

Legislator’s Name (Print or Type)

Senatorial District Number

[ ] 27

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
[ ] Western Illinois University

Received, Recorded and Forwarded to: 108, ISBE

University

1-13-03

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.

[Signature]

Student (Nominee's) Printed Name

Student/Nominee's Permanent Address:

[Street Address]

[City, State, ZIP Code]

Public University at which Student is Enrolled, including campus

[Education]

Declared Major

Monique Davis

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

Subscribed and Sworn before me this [Date]

[Signature]

Notary Public Signature

- 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

From ________________  by ________________

The following named student has surrendered his General Assembly Scholarship.

Name of Student ________________

Address ________________

Name of Nominating Legislator ________________

Senatorial District Number ________________ or Representative District Number ________________

There remains unused ___________ years ___________ semesters ___________ quarters of this ___________ year of scholarship.

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:

Changing to CSU per legislator's letter.

- OFFICE USE ONLY -

Received, Recorded and Forwarded to:

_________________________________ ON ________________ 20__

Name of Legislator

Date

Processed by ________________

ISBE 30-10 (1/11)
July 6, 2010

Illinois State Board of Education
Governmental Relations, S-405
100 North First Street
Springfield, IL 62777-0001

To Whom It May Concern:

I had originally nominated Mr. Tyrone Z. Wilson for a General Assembly Scholarship to the University of Illinois, Chicago but his plans have changed and I would like to nominate him for a General Assembly Scholarship to Chicago State University. Please disregard the original and switch his scholarship to Chicago State University. The new nomination form and new Waiver of Confidentiality is enclosed.

Please feel free to contact my Springfield office should you have any questions or concerns.

Sincerely,

Monique D. Davis
State Representative
27th District
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:

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyrone Wilson</td>
<td></td>
</tr>
<tr>
<td>8747 S. Morgan St</td>
<td></td>
</tr>
<tr>
<td>Chicago IL 60620</td>
<td></td>
</tr>
</tbody>
</table>

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

Name of Institution: University of Illinois, Chicago

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

Year of Scholarship (If Vacated, Specify): 2010
Term (Fall, Spring, Summer): Fall

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) Marjorie Davis
Legislators Name (Print or Type)

Senatorial District Number: 27th
Representative District Number

Processed by: Kim Clarke

Received, Recorded and Forwarded to: UIC on 1/8/2010

Processed by: Kim Clarke

ISSN 00-99 (5/09)
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.

TYRONE Z. WILSON  SS# 322-88-7630

Student (Nominee's) Printed Name

Student/Nominee’s Permanent Address:

8747 S. Morgan St.

Street Address

Chicago, IL 60620

City/State ZIP Code

University of Illinois Chicago

Public University at which Student is Enrolled, including campus

Computer Engineering

Total (Estimated) Tuition Waived

$25,000

Declared Major

Monique Davis

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.

Tyrone Z. Wilson  2/2/10

Student Nominee’s Signature Date

Subscribed and Sworn before me this 20th day of Feb. 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.

I hereby nominate and appoint:

[Tyrone Wilson]

8141 S. Morgan Street

Chicago, IL 60620

who is certified to be a resident of my district for 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 2010 scholarship to begin Fall 2010 for:

Term (Fall, Spring, Summer)/Year:

☐ 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)

Monique Davis

Legislator's Name (Print or Type)

Senatorial District Number

OR

Representative District Number

27

Received, Recorded and Forwarded to:

CSU

or

7/8

2016

Processed by:

Kim Clarke

Processed by:

ISBE 90-20 (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.

[Tyrone Z. Wilson]
Student: (Nominee's) Printed Name

Student/Nominee’s Permanent Address:
874 S. Morgan St.

Street Address
Chicago, IL 60607

City/State ZIP Code

Chicago State University
Public University at which Student is Enrolled, Including campus

Declared Major: Computer Engineering

Representative: Monique L. Davis
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.

[Tyrone Z. Wilson]
Student Nominee’s Signature Date 6/26/10

Subscribed and Sworn before me this 09th day of June, 2010

[Reginald Thomas]
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.