

ILLINOIS PLUMBING EDUCATION ASSOCIATION of CENTRAL ILLINOIS SCHOLARSHIP APPLICATION 2025



Applicants Name

IPEA ASSOCIATE

IPEA of CENTRAL ILLINOIS SCHOLARSHIP APPLICATION

1. Applicants Relationship to IPEA Associate: _____

2. Scholarship Year Applying for: September 1, 2025 thru August 31, 2026.

3. Applicant Information

Name: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email Address: _____

Telephone #: _____ ☐ U.S. Citizen ☐ Full Time Student

4. Parent / Guardian Information (not required if applicant is an associate or spouse)

Name: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

5. Education institution information

Name of last school you attended or are attending: _____

☐ High School ☐ College or University ☐ Other: _____

Address: _____

City _____ State _____ Zip: _____

Submit transcript from the year attended.

IPEA of CENTRAL ILLINOIS SCHOLARSHIP APPLICATION

6. Education institution you are requesting the IPEA Scholarship for is:

☐ Check here if the institution is the same as in item # 5 and go to item # 7

Name of school:

☐ College or University ☐ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

7. Scholarship Information

Institution Financial Contact Person or Office: _____

Financial Contact Person or Office Telephone #: _____

Months you will be attending during the scholarship period. (i.e. Sept 2025 – May 2026) : _____

8. List any school or community related activities that you have participated in:

9. Include a five hundred word essay on one of the following topics.

A. How has technology improved your life ?

B. Personal responsibility- What is it and why is it important ?

C. Social Media - Good , Bad, or Both ?

IPEA of CENTRAL ILLINOIS SCHOLARSHIP APPLICATION

**THE APPLICATION MUST BE COMPLETED AND RETURNED
BY AUGUST 31, 2025, MAIL TO THE ADDRESS BELOW OR
EMAIL TO: ipea.scholarships@gmail.com**

BE SURE TO SIGN AND DATE THE APPLICATION.

**I HAVE READ AND UNDERSTAND THE IPEA SCHOLARSHIP
PROGRAM REQUIREMENTS AND INSTRUCTIONS
PROVIDED WITH THIS APPLICATION.**

(Applicant's Signature)

(Date)

(Parent or Guardian Signature)

(Date)

(N/A for associate or spouse applicants)

**All information submitted with the application will be retained by the IPEA
Scholarship Committee. Transcripts will be destroyed after they are reviewed. All
replies shall be considered confidential.**

MAIL COMPLETED APPLICATIONS TO:

ILLINOIS PLUMBING EDUCATION ASSOCIATION OF ILLINOIS

c/o Kevin Morris 1353 Co. Rd. 2550 E.

Ogden, IL 61859