WADI SCHOLARSHIP APPLICATION

Date Received

Eligibility Requirements:

- 1. Only Illinois colleges or universities are eligible. Students must attend full-time (12 credit hours minimum)
- 2. Total household gross income for the <u>last three months</u> must be less than: 1=\$3903.00; 2=\$5284.00; 3=\$6666.00; 4=\$8047.00; 5=\$9428.00. Add \$1390.00 for each additional person. Income will be verified prior to scholarship being awarded.
- 3. Students must, at time of application, live in the county where they are applying for the scholarship. Students residing in one county and attending school in another county should file their application at the WADI office that covers where they live.

Scholarship Information:

The scholarship will be used to pay tuition, fees, and books first. If those costs do not take the full amount of the scholarship, or where these costs are paid for by other sources such as a Pell grant or other financial aid, the remaining funds will be released by the college to the student for transportation and living expenses. One half of the scholarship amount will be sent to the college for the fall semester with the remaining sent for the spring semester. The student must turn in their fall grades showing evidence of good standing and submit their spring class schedule before WADI will release the funds to the college for the second semester.

Applications should include:

- 1. Typed letter stating why you want the scholarship and what it would mean to you. Be persuasive.
- 2. A copy of your high school transcript (GED certificate accepted if unable to get transcript) or college transcript.
- 3. WADI Scholarship Application
- 4. At least one letter of support from school personnel, church officials, mentors, or employers. More is better.
- 5. Verified 90 day household income for the entire household.

Time frame for submission:

Must be received in the WADI office that covers your county of residence by 5:00 PM on Thursday, April 18, 2019.

Edwards County WADI Gallatin County WADI Hamilton County WADI Saline County WADI Wabash County WADI Wayne County WADI White County WADI	334 Industrial Drive, Albion IL 62806, 14 Veterans Drive, Harrisburg IL 62946 108 E. Jefferson, McLeansboro IL 62859 14 Veterans Drive, Harrisburg IL 62946 119 W 12 th Street, Mt Carmel IL 62863 2004 Delaware, Fairfield IL 62837 110 Latham St., Enfield IL 62835	lbisch@wadi-inc.com camitchell@wadi-inc.com mhalligan@wadi-inc.com camitchell@wadi-inc.com dmeyer@wadi-inc.com ahart@wadi-inc.com wpeters@wadi-inc.com					
Name:	Birthdat	te:	Age:				
Address:	ess: City:						
Phone Number(s):	Email Add	lress:					
How many in family?	Social Security Number:		Are you in h	igh school now?			
Have you applied to a college	or university? Where?						
Are you presently employed?	If yes, how many hours/week?	Where?					
What do you plan to study wh	ile attending college?						
academic standing to WADI	e below that I am authorizing my college and it's reps for the 2019-2020 school ye ces, the WADI website and the Departme	ar. I also und	erstand schol	arship award notice			
Student's Signature	Date						
Parent/Guardian's Signature (Date						

List everyone in the family below.				Gender?	Disabled?	Ethnicity?	Income Source?	Amount received per 90 days?	Work Status	No of hrs per wk?	Education Level?	Private Health Ins?	Medicare?	DHS Medical Card?	INCOME SOURCE A Wages B Pension C TANF D SSI E Gen Assistance F Soc Security	
LAST NAME	FIRST NAME	SSN	BIRTHDATE	AGE	M/F	Y/N		USE	CODES O	N RIC	HT		Y/N	Y/N	Y/N	G Unemployment
																H Other I Disability J No Income
																WORK STATUS
																P Part TimeF Full Time
																U Unemployment
																T Temporary
HOUSING SITUAT	FION	 AMILY TYPE		E YOL							A 1 1 1	0110	L EHOI			R Retired
Rent Single Parent/Female Own Single Parent/Male Homeless Two Parent Household Other Single Person Couple Other APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY III			Fai Se Miç I re	Migrant Farm Worker I receive Food Stamps					WADI OFFICE USE ONLY Verified 90 day house-hold income total y the above information						ETHNICITY B Black W White H Hispanic A Asian O Other N Native Americn or Alaskan	
is accurate and a complete disclosure of the requested information. If the information relating to my eligibility requires verification and/or documentation, I authorize others to release such information as may be required.									EDUCATION A 0-8th grade							
Student Signature							B 9-12th gradeC HS Grad/GED									
Parent/Guardiar	r's Signature (i	f student is under	<u> </u>												-	D 12+ E College Grad
		as		on this ool dip one let	form loma ter of	mate or C supp	ches SED a	the pattac	hed	ded				-	rrect	s were initialed as send to Program Director.