

WADI SCHOLARSHIP APPLICATION

(Complete both sides)

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 last three months must be less than: 1=\$3,988; 2=\$5,388; 3=\$6,788; 4=\$8,188; 5=\$9,588 6=10,988; 7=12,388; 8=13,788. 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 16, 2020.**

Location of WADI offices:

Edwards County WADI	334 Industrial Drive, Albion IL 62806,	Ph: 445-2379	lbisch@wadi-inc.com
Gallatin County WADI	14 Veterans Drive, Harrisburg IL 62946	Ph: 252-2680	camitchell@wadi-inc.com
Hamilton County WADI	108 E. Jefferson, McLeansboro IL 62859	Ph: 643-2161	mhalligan@wadi-inc.com
Saline County WADI	14 Veterans Drive, Harrisburg IL 62946	Ph: 252-2680	camitchell@wadi-inc.com
Wabash County WADI	823 W. 9th Street, Mt Carmel IL 62863	Ph: 262-4151	dmeyer@wadi-inc.com
Wayne County WADI	2004 Delaware, Fairfield IL 62837	Ph: 842-2962	ahart@wadi-inc.com
White County WADI	110 Latham St., Enfield IL 62835	Ph: 384-5541	wpeters@wadi-inc.com

Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number(s): _____ Email Address: _____

How many in family? _____ Social Security Number: _____ Are you in high 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 while attending college? _____

I understand by my signature below that I am authorizing my college and it's reps to release proof of my enrollment & academic standing to WADI and it's reps for the 2020-2021 school year. I also understand scholarship award notices will be released to media sources, WADI Facebook, the WADI website and the Department of Commerce and Economic Opportunity.

Student's Signature _____ Date _____

Parent/Guardian's Signature (if student is under 18) _____ Date _____

List everyone in the family below:

LAST NAME	FIRST NAME	SSN	BIRTHDATE	AGE	M/F	Y/N	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?	

HOUSING SITUATION
 Rent _____
 Own _____
 Homeless _____
 Other _____

FAMILY TYPE
 Single Parent/Female _____
 Single Parent/Male _____
 Two Parent Household _____
 Single Person _____
 Couple _____
 Other _____

ARE YOU A:
 Veteran _____
 Farmer _____
 Seasonal Farmer _____
 Migrant Farm Worker _____
 I receive Food Stamps _____

TOTAL HOUSEHOLD INCOME PER MONTH \$ _____

WADI OFFICE USE ONLY
 Verified 90 day house-hold income total _____

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION: I certify the above information 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.

Student Signature _____

Parent/Guardian's Signature (if student is under 18) _____

WADI AUTHORIZED STAFF USE ONLY: _____ County Manager Initials _____

X 2. CSBG Scholarship _____
 Date application was completed and verified _____
 90 day Income Verified by County Manager _____
 Income on this form matches the proof provided _____
 High school diploma or GED attached _____
 At least one letter of support attached _____
 Typed letter by applicant attached _____

If all items were initiated as correct send to Program Director.

CODES

- INCOME SOURCE**
- A Wages
- B Pension
- C TANF
- D SSI
- E Gen Assistance
- F Soc Security
- G Unemployment
- H Other
- I Disability
- J No Income
- WORK STATUS**
- P Part Time
- F Full Time
- U Unemployment
- T Temporary
- R Retired
- ETHNICITY**
- B Black
- W White
- H Hispanic
- A Asian
- O Other
- N Native American or Alaskan
- EDUCATION**
- A 0-8th grade
- B 9-12th grade
- C HS Grad/GED
- D 12+
- E College Grad