

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=\$3402 per month; 2=\$4596; 3=\$5790; 4=\$6984; 5=\$8178. Add \$1194 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 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)
3. WADI Scholarship Application
4. At least one letter of support from school personnel, church officials, mentors, or employers. More is better.

Time frame for submission:

Must be received in the WADI office located in your county of residence **by 5:00 PM on Thursday, April 12, 2012.**

Location of WADI offices:

Edwards County WADI	334 Industrial Drive, Albion IL 62806,	Ph: 445-2379	edwcm@wadi-inc.com
Gallatin County WADI	127 E. Logan Ave, Shawneetown IL 62984	Ph: 269-3486	galcm@wadi-inc.com
Hamilton County WADI	108 E. Jefferson, McLeansboro IL 62859	Ph: 643-2161	hamcm@wadi-inc.com
Saline County WADI	14 Veterans Drive, Harrisburg IL 62946	Ph: 252-2680	salcm@wadi-inc.com
Wabash County WADI	823 W. 9th Street, Mt Carmel IL 62863	Ph: 262-4151	wabcm@wadi-inc.com
Wayne County WADI	2004 Delaware, Fairfield IL 62837	Ph: 842-2962	waycm@wadi-inc.com
White County WADI	1124 Oak Street, Carmi IL 62821	Ph: 384-5541	whicm@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 2012-13 school year. I also understand scholarship award notices will be released to media sources, 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 _____

--COMPLETE BOTH SIDES--

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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 month?	Work Status	No of hrs per wk?	Education Level?	Private Health Ins?	Medicare?	DHS Medical Card?	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							
<table border="0"> <tr> <td>HOUSING SITUATION</td> <td>FAMILY TYPE</td> <td>ARE YOU A:</td> <td>TOTAL HOUSEHOLD</td> </tr> <tr> <td> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other </td> <td> <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Couple <input type="checkbox"/> Other </td> <td> <input type="checkbox"/> Veteran <input type="checkbox"/> Farmer <input type="checkbox"/> Seasonal Farmer <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> I receive Food Stamps </td> <td> \$ _____ INCOME PER MONTH </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> WADI OFFICE USE ONLY Verified 90 day household income total _____ </div>																		HOUSING SITUATION	FAMILY TYPE	ARE YOU A:	TOTAL HOUSEHOLD	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Couple <input type="checkbox"/> Other	<input type="checkbox"/> Veteran <input type="checkbox"/> Farmer <input type="checkbox"/> Seasonal Farmer <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> I receive Food Stamps	\$ _____ INCOME PER MONTH
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<p>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.</p> <p>Student Signature _____</p> <p>Parent/Guardian's Signature (if student is under 18) _____</p>																									
<p>WADI AUTHORIZED STAFF USE ONLY: County Manager Initials _____</p> <p>X 2. CSBG Scholarship _____ 90 day Income Verified by County Manager _____</p> <p>Date application was completed and verified _____ Income on this form matches the proof provided _____</p> <p>_____ High school diploma or GED attached _____</p> <p>_____ At least one letter of support attached _____</p> <p>_____ Typed letter by applicant attached _____</p> <p style="text-align: right;"><i>If all items were initialed as correct send to Program Director. Do not send a copy to Stacey.</i></p>																									