

# 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 30 days must be less than: 1=\$ 2,265; 2=\$3,052; 3=\$3,838; 4=\$4,625; 5=\$5,412; 6=\$6,198; 7=\$6,985; 8=\$7,772. 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.

## Time frame for submission:

Must be received in the WADI office that covers your county of residence **by 5:00 PM on Thursday, April 14, 2022.**

## Location of WADI offices:

|                      |  |              |                        |
|----------------------|--|--------------|------------------------|
| Edwards County WADI  | 334 Industrial Drive, Albion IL 62806, | Ph: 445-2379 | wpeters@wadi-inc.com   |
| Gallatin County WADI | 14 Veterans Drive, Harrisburg IL 62946 | Ph: 252-2680 | hdavis@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 | hdavis@wadi-inc.com    |
| Wabash County WADI   | 119 W. 12th Street, Mt Carmel IL 62863 | Ph: 262-4151 | nwall@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: 384-5441 | dbowles@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 2022-2023 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--

List everyone in the family below.

| LAST NAME | FIRST NAME | SSN | BIRTHDATE | AGE | M/F | Y/N | Gender? | Disabled? | Ethnicity? | Income Source? | Amount received within 90 days? | Work Status | No of hrs per wk? | Education Level? | Private Health Ins? | Medicare? | DHS Medical Card? | CODES              |     |     |
|-----------|------------|-----|-----------|-----|-----|-----|---------|-----------|------------|----------------|---------------------------------|-------------|-------------------|------------------|---------------------|-----------|-------------------|--------------------|-----|-----|
|           |            |     |           |     |     |     |         |           |            |                |                                 |             |                   |                  |                     |           |                   | USE CODES ON RIGHT | Y/N | Y/N |
|           |            |     |           |     |     |     |         |           |            |                |                                 |             |                   |                  |                     |           |                   |                    |     |     |
|           |            |     |           |     |     |     |         |           |            |                |                                 |             |                   |                  |                     |           |                   |                    |     |     |
|           |            |     |           |     |     |     |         |           |            |                |                                 |             |                   |                  |                     |           |                   |                    |     |     |
|           |            |     |           |     |     |     |         |           |            |                |                                 |             |                   |                  |                     |           |                   |                    |     |     |

**HOUSING SITUATION** \_\_\_\_\_ **FAMILY TYPE** \_\_\_\_\_ **ARE YOU A:** \_\_\_\_\_ **TOTAL HOUSEHOLD INCOME PER MONTH** \$ \_\_\_\_\_

Rent \_\_\_\_\_ Single Parent/Female \_\_\_\_\_ Veteran \_\_\_\_\_  
 Own \_\_\_\_\_ Single Parent/Male \_\_\_\_\_ Farmer \_\_\_\_\_  
 Homeless \_\_\_\_\_ Two Parent Household \_\_\_\_\_ Seasonal Farmer \_\_\_\_\_  
 Other \_\_\_\_\_ Single Person \_\_\_\_\_ Migrant Farm Worker \_\_\_\_\_  
 \_\_\_\_\_ Couple \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_ I receive Food Stamps \_\_\_\_\_

**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 \_\_\_\_\_ 90 day Income Verified by County Manager \_\_\_\_\_  
 Date application was \_\_\_\_\_ Income on this form matches the proof provided \_\_\_\_\_  
 completed and verified \_\_\_\_\_ 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.*

- 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