

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=\$2,510.00; 2=\$3,407.00; 3=\$4,303.00. 4=\$5,200.00; 5=\$6,097.00. Add \$857.00 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.

Time frame for submission:

Must be received in the WADI office that covers your county of residence **by 5:00 PM on Thursday, May 2, 2024.**

Location of WADI offices:

Edwards County WADI	334 Industrial Drive, Albion IL 62806,	Ph: 445-2379	kross@wadi-inc.com
Gallatin County WADI	14 Veterans Drive, Harrisburg IL 62946	Ph: 252-2680	cferrell@wadi-inc.com
Hamilton County WADI	108 E. Jefferson, McLeansboro IL 62859	Ph: 643-2161	aseidel@wadi-inc.com
Saline County WADI	14 Veterans Drive, Harrisburg IL 62946	Ph: 252-2680	cferrell@wadi-inc.com
Wabash County WADI	119 W. 12th Street, Mt Carmel IL 62863	Ph: 262-4151	kross@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	dbrowning@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 2024-2025 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--

--COMPLETE BOTH SIDES--

List everyone in the family below.

LAST NAME	FIRST NAME	SSN	BIRTHDATE	AGE	M/F	Y/N	USE CODES ON RIGHT					Y/N	Y/N	Y/N

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

HOUSING SITUATION	FAMILY TYPE	ARE YOU A:	TOTAL HOUSEHOLD INCOME PER MONTH
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Veteran	\$ _____
<input type="checkbox"/> Own	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Farmer	WADI OFFICE USE ONLY Verified 30 day household income total
<input type="checkbox"/> Homeless	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Seasonal Farmer	
<input type="checkbox"/> Other	<input type="checkbox"/> Single Person	<input type="checkbox"/> Migrant Farm Worker	
	<input type="checkbox"/> Couple	<input type="checkbox"/> I receive Food Stamps	
	<input type="checkbox"/> Other		

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	
<input checked="" type="checkbox"/> 2. CSBG Scholarship	_____	30 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
	_____	Proof of residency
Date application was completed and verified	_____	

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