



MEMO TO: College Financial Aid Advisor

FROM: Debbie Meyer, CSBG Director

DATE: March 21, 2023

SUBJECT: 2023 - 2024 Scholarships Available

Wabash Area Development, Inc. (WADI), in coordination with the Illinois Department of Commerce and Economic Opportunity, through the Community Services Block Grant Program, announces the availability of **one scholarship per county in the amount of \$1150.00** to be made available to income eligible students in each county of **Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne** and **White** for use during the 2023 - 2024 school year. High School seniors and college students are encouraged to apply.

Enclosed are scholarship application forms which we hope you will make available to your students. Completed applications should be returned to any WADI office by **5:00 p.m. April 27, 2023**. If an insufficient number of eligible applications are received, this deadline may be extended. If you need additional forms, I will be happy to provide them to you.

Should you have questions, please contact me at the administrative WADI office in Enfield, 618-963-2387 ext. 8056. Thank you for your assistance in providing this scholarship opportunity to your students.

“IMPROVING LIVES • SERVING COMMUNITIES • MAKING A DIFFERENCE”

**Lena M. Hicks, CCAP
Executive Director**

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=\$2,430.00; 2=\$3,287.00; 3=\$4,143.00; 4=\$5,000.00; 5=\$5,857.00. 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, April.**

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 | cferrell@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 | cferrell@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: 384-5541 | 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 2023-2024 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 | 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 |
|-----------|------------|-----|-----------|-----|---------|-----------|------------|----------------|----------------------------|-------------|-------------------|------------------|---------------------|-----------|-------------------|--|
| | | | | | M/F | Y/N | | | | | | | | | | 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 |
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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 30 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 initialed
 as correct send to
 Program Director.