

THE J.L. WADE FOUNDATION SCHOLARSHIP

Offered without restriction as to age, gender, race or religion

ABOUT THE SCHOLARSHIP

The J.L. Wade Foundation Scholarship is a one-year scholarship administered by the J.L. Wade Foundation.

The Scholarship, awarded in memory of J.L. Wade, is designed to assist and encourage talented high school graduates residing in the Illinois counties of Pike, Calhoun, Scott, Greene, and Adams who need such assistance to obtain the benefits of a college education.

The recipient of the scholarship will receive Five Thousand Dollars (\$5,000.00) to assist with the cost of tuition at a college or university. The scholarship will be paid directly to the college or university selected by the recipient. Students who are awarded the scholarship may apply, by providing an updated scholarship application, to renew the scholarship annually for undergraduate studies for three (3) consecutive years. The renewal of the scholarship, as with the initial scholarship, is dependent upon the recipient complying with scholarship guidelines and the availability of funding.

PAYMENT OF THE SCHOLARSHIP

Applications will be accepted through May 1, 2018 for the \$5,000.00 J.L. Wade Foundation Scholarship. The J.L. Wade Foundation will pay \$5,000.00 to the undergraduate college or university the recipient is attending for the 2018-2019 school year beginning in August or September, 2018.

APPLICATION PROCESS

An applicant must be accepted to attend an undergraduate college or university for the fall semester beginning in August or September, 2018 and must have permanent residence in a county served by the J.L. Wade Foundation. Students having permanent residence in Pike, Calhoun, Scott, Greene, or Adams County, Illinois are eligible to apply. The \$5,000.00 scholarship will be awarded and paid to the recipient's college or university prior to the commencement of the fall semester.

In selecting the scholarship recipient(s) each year, the following shall be relevant factors:

- The academic record of the applicant, evidenced by the applicant's grades and test scores;
- Recommendations of applicant's principals, teachers, professors or guidance counselors;
- Extra-curricular activities in which the applicant participated; and
- An evaluation of the character and motivation of the applicant based on personal interviews of the applicants may be considered at the discretion of the Scholarship Committee.
- Additionally, special consideration will be given to otherwise qualified applicants who elect to pursue a degree in natural science and/or reside in Pike County, Illinois.

Other than as set forth above, there are no criteria or limitations with respect to the scholarships awarded. Scholarship awards are made on an objective, nondiscriminatory basis.

THE J.L. WADE FOUNDATION SCHOLARSHIP – APPLICATION

Applicant: _____ Phone #: _____
Last First Middle

Address: _____
Street City Zip Code County

Social Security #: _____ Date of Birth: _____

High School Attending/Attended: _____ County: _____

College Attending for Fall Semester Beginning August or September, 2018: _____

Part I. *To be completed by the applicant's high school guidance counselor if the applicant is still in high school. If the applicant is out of high school and attending a college or university, skip to Part II.*

I, _____, verify that the above named student is a current high school senior at _____ in _____ County, Illinois. I further verify that upon the satisfactory completion of the current academic semester, he/she will graduate from high school and will be eligible to attend a college or university beginning in August or September, 2018.

Guidance Counselor's name (Printed) Date: _____

High School Address High School Phone #

High School Address (cont.) Guidance Office #

Guidance Counselor's Signature

***To the guidance counselor:** *Please send a certified copy of the applicant's transcript to the address given on page 5.*

Part II. *To be completed by the applicant's college or university academic advisor. If the applicant is still in high school, skip Part II.*

I, _____, verify that the above named student is a current student at _____, majoring in _____. I further verify that he/she is in good academic standing as of the date of the execution of this application.

_____ Date: _____
Academic Advisor's name and Title (Print)

_____ Office Phone #
Advisor's Office Address

_____ Advisor's Office Address (cont.)

_____ Academic Advisor's Signature

Part III. Recommendations.

Please submit, along with your completed application, at least two (2) letters of recommendation from teachers, principals, guidance counselors, professors, or other relevant school personnel. Feel free to submit additional letters of recommendation from those who are familiar with you and your academic goals. Each letter of recommendation should be sealed in an envelope and bear the recommender's signature across the seal.

Part IV. *To be completed by the applicant.*

I, _____, am currently a _____ in _____.
Grade Level High school/College

For the academic year to which this scholarship would apply I will be a _____ in _____
Grade Level

college at _____.
Name of College or University, if known

Academic Record. *Respond to all that apply.*

High School GPA: _____ / _____

College GPA: _____ / _____

ACT Score: _____ Date taken: _____

SAT: Overall _____ Date taken: _____

Verbal _____ Math _____

Educational Goals.

Expected Date of College Graduation: _____ Major: _____
Month/Year

Career Goal: _____

Extracurriculars/Honors.

List extracurricular activities. Note whether participation occurred during high school or college.

List any Honors or Awards received. Include honors and awards received outside academia.

Other Relevant Information. *Please provide any additional information you feel will be helpful to the scholarship committee in reviewing your application.*

In addition to the above, please attach an essay of 500 or less words explaining the reasons you should be chosen to receive the J.L. Wade Scholarship.

Certification.

I hereby certify that, should I be awarded the J.L. Wade Foundation scholarship: (1) I will be a full time college undergraduate student during the period of the award; (2) I will use the aid only for payment of tuition, required fees, room and board.

I further certify that all information contained herein is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if Applicant is under age 21): _____

Parent/Guardian Printed Name: _____ Date: _____

Send Completed Application to: J.L. Wade Foundation
Attn: Michael A. Bickhaus.
525 Jersey Street
Quincy, IL 62301

To be completed by J.L. Wade Foundation Scholarship Committee

Date of Review: _____

Granted Scholarship Amount: _____
Denied
Incomplete Application
Other Specify: _____

Date Scholarship Award Letter Sent: _____
Date Evidence of Enrollment Received: _____
Date Scholarship Awarded: _____

Award Sent To: _____

