

# 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, whose intention was to enhance the understanding of nature and its importance for a very rapidly developing world, is designed to assist and encourage talented high school graduates residing in the Illinois counties of Pike, Calhoun, Scott, Greene, and Adams, with an emphasis on those students pursuing degrees to promote the study of nature and the preservation of the environment and supporting studies related to nature (e.g. **agricultural science, atmospheric science, coastal zone management, environmental engineering, environmental chemistry and toxicology, environmental health, environmental law, fisheries management and conservation, marine biology, etc.**) The scholarship will assist those seeking 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 **FRIDAY, May 7, 2021** 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 2021-2022 school year beginning in August or September, 2021.

## **APPLICATION PROCESS**

An applicant must be accepted to attend an undergraduate college or university for the fall semester beginning in August or September, 2021 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  
(please type or print clearly)

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
                    Last                      First                      Middle

Address: \_\_\_\_\_  
                    Street                      City                      Zip Code                      County

E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School Attending/Attended: \_\_\_\_\_ County: \_\_\_\_\_

College Attending for Fall Semester Beginning August or September, 2021: \_\_\_\_\_

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**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, 2021.

\_\_\_\_\_  
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.*

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**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)

\_\_\_\_\_  
Advisor's Office Address

\_\_\_\_\_  
Office Phone #

\_\_\_\_\_  
Advisor's Office Address (cont.)

\_\_\_\_\_  
Academic Advisor's Signature

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**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.*

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**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.

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

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

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**In addition to the above, please attach an essay of 500 or less words explaining the reasons you comply with J. L. Wade's intention for this scholarship and 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: \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_