

SCHOLARSHIP APPLICATION

2024-2025 Academic Year | New & Renewal Applicants

This application will cover only the 2024-2025 academic year. The application must be **completed in full** to be considered. All information collected is confidential and used only to verify the financial information reported on the application. Applications are available starting March 1st and must be **returned by 4:00 pm April 19th** (or postmarked no later than April 19th) to:

Washington Savings Bank Wealth Management Attn: Scholarship Coordinator 1117 Broadway Ave East Mattoon, IL 61938

Your most recent academic transcript must be attached as well as the first two pages of your signed tax returns. If you are considered a dependent student, the first two pages of your parents signed tax return must be included as well.

Dependency Status:

The next section will ask financial information. It is our goal to follow dependency rules similar to FAFSA. If you answer no to all of the following questions, you are a DEPENDENT student and must submit the signed first two pages of both your own and your parents 2024 tax return. If you answer yes to any of the following questions, you are an INDEPENDENT student and need to only submit your own information:

- 1. Were you 24 years of age or older on January 1 of this year?
- 2. Will you be enrolled in a master's or doctorate program?
- 3. Are you married?
- 4. Do you have children who receive more than half of all support from you?
- 5. Are you a veteran or currently serving in the U.S. Armed Forces?
- 6. At any time since age 13 were you considered a ward of the court, an emancipated minor, in foster care, or were both of your parents deceased? Yes □ No □

*If you have further questions regarding dependency status, please contact a financial aid advisor at your school.



Yes 🔲 No 🗌

Yes 🔲 No 🗌

Yes 🗌 No 🗌

Yes 🗌 No 🗌

Yes 🗌 No 🗌

General Requirements of ALL Scholarships offered:

- Student must be enrolled as full-time status.
- Student must reapply each year to determine financial eligibility.
- Student must maintain at least a "C" average.

Please select which Scholarship(s) you qualify for:

 Mattoon Chamber Charitable Corporation Scholarship (Essay required) High School seniors living in the Mattoon school district attending any traditional or vocational school. Must attach a typed essay of 300-500 words answering 1. What field of study are you interested in and why? 2. What impact will you have on the community in which you choose to live? 				
What type of school are you attending? Traditional Vocational				
Jacob and Clara Mae Stump Memorial Scholarship Fund Mattoon or Charleston High School graduates attending an Illinois tax-supported school (public only).				
Stephen Dexter and Emily Tipton Dole Scholarship Trust Any area high school graduate from the following counties: Coles, Clark, Cumberland, Douglas, Edgar, Moultrie or Shelby who are attending any branch of The University of Illinois. Preference is given to Ag students, but all majors may apply.				
Florence Ramsey Memorial Scholarship Mattoon High School graduates only attending an Illinois tax-supported school (public only).				
Fraternal Order of Eagles Aerie #3438 Any area student that has a parent or grandparent in good standing with the Mattoon Fraternal Order of Eagles #3438 (or Auxiliary) – no high school restrictions.				
Name of member: Relationship to student:				
Bill Boyd Memorial Scholarship Fund Any area high school graduate from the following counties: Coles, Cumberland or Moultrie who are continuing athletic participation. Sport:				
 Mattoon V.F.W. Post #4325 Any area student that has a parent or grandparent in good standing with the Mattoon VFW Post #4325 (or Auxiliary) – no high school restrictions. Name of member: Relationship to student: 				



Have you ever received a scholarship from us? Yes O No O If yes, when and which scholarship?

	(First)	(Middle)
(City)	(State)	(Zip)
Date of Birth: _	Ge	nder: Male Female
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	Parants	Student/Spouse
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old		
_ Employed by:		
_ Employed by:		
_ Employed by:		
Employed by:		
	Date of Birth:	(City) (State) Date of Birth: Ge from Ge from n O Sophomore OJunior OSen ddress of college) Aajor: t answer all student and parenta ental information. (See first page Parents Married OSingle O



Filed a Federal tax return for 2023 Adjusted Gross Income	Parents Yes () No () \$	Student/Spouse Yes O No O \$		
U.S. Income Tax Paid in 2023	\$	\$		
Father Income Earned from Work \$	Mother \$	Student \$	Spouse \$	
	Intaxed Income & Bene	fits		
Social Security Benefits:		Parents \$	Student/Spouse \$	
Social Service Aid to families with dependent	nt children:	\$	\$	
Child Support received for all children:		\$	\$	
Other untaxed income and benefits:		\$	\$	
Did anyone in the household receive food stamps, SSI, free and reduced- price lunch, TANF, or WIC \$\$			\$	
Is anyone in the household a dislocated wo	rker?	\$	\$	
	Assets (Do not leave bla	nk) Parents	Student/Spouse	
Cash, savings, checking, money market bala	inces	\$	\$	
Residential Real Estate (do not include fami	ly home)	\$	\$	
Investments-socks, bonds, mutual funds, annuities (excludes retirement)		ment) \$	\$	
Business and/or Farm Net Worth (do not in with 100 or fewer full-time employees or a		\[\$	

Understanding that preference is given to applicants who are less financially able to obtain a higher education, we, the undersigned, being the applicant and, if applicable, the parent/guardian, do hereby request consideration for scholarship assistance to help meet the applicant's college expenses.

We further agree to submit signed income tax returns referenced herein to the corporate trustee.

The information in this application is confidential and will be used solely for the purpose of determining scholarship eligibility.

I, the applicant, am aware that I should immediately notify the corporate trustee with any changes to my status of enrollment. My application must be delivered or postmarked no later than 4:00 pm April 19, 2024.

The signature below acknowledges that I/we understand if the applicant is awarded a scholarship and fails to maintain the scholarship requirements, the scholarship will be revoked, and funds will not be awarded for the academic application period.

Applicant Signature:	Date:
Parent/Guardian Signature:	Date:

