



Jack Shaffer Educational Fund

2026-2027 Academic Year | New & Renewal Applicants

This application will cover only the 2026-2027 academic year for the any member of the **Arcola Illinois Community**. 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 May 1st at 4:00 pm (or postmarked no later than May 1st) 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:

If you answer Yes to the following question, you are a DEPENDENT student and must submit the first two pages of both your own and your parents' 2025 tax return. If you answer No to any of the following questions, you are an INDEPENDENT student and need only submit your own information.

1. Did anyone else claim you as a dependent on the 2025 tax return? 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.



Applicant Name:

(Last) (First) (Middle)

Address:

(Street) (City) (State) (Zip)

Social Security # (last 4 digits): _____ Date of Birth: _____ Gender: Male Female

Phone Number:

Email:

I graduated/will graduate (month/year) _____ from _____ High School

I am applying for a scholarship as a college:

Freshman Sophomore Junior Senior Grad Student

at _____

(Name & Address of College)

Student ID: _____ Major: _____

Will you be enrolled full-time? Yes No

Number of people in household? _____



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 scholarship coordinator with any changes to my status of enrollment. My application must be delivered or postmarked no later than 4:00 pm May 1, 2026.

I understand that I need to be enrolled both semesters of the school year to receive the full scholarship funding. Funds for the fall semester are mailed in July, and the other half of the funds are mailed in December for the spring semester.

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: _____