

**The applicant must meet the following criteria:**

A - The applicant shows sufficient academic ability as demonstrated by prior academic performance to enable him or her to complete courses of study necessary to graduate from the educational institution selected by him or her and which will admit him or her as a student

**AND**

B - The applicant has such character, good citizenship or motivation to obtain an education that he or she may be expected to work hard and seriously to continue and complete his or her education. Transcripts of an applicant and recommendations of an applicant's high school or college advisor, teacher, or mentor may be included.

**AND**

C – The applicant exhibits need for financial assistance to enable him or her to complete his or her course of studies and can demonstrate such fact by information submitted with the application.

**Number and Size of Grants:** 10 DIFERENT GRANTS OF \$1500.00 TO 2500.00 PER SEMESTER

Grants vary per semester.

**Selection Committee:**

The Board of Directors of the Foundation will serve on the selection committee.

**Supervision over Scholarship Grants and Recordkeeping Requirements:**

Scholarships will be awarded and can be renewed annually provided that a student is not on academic or disciplinary probation and is progressing satisfactorily towards completion of a graduate or post-graduate degree.

Grade reports will be required each semester.

Funds will be paid directly to the educational institution.

**Scholarship grant funds are used only for:**

- i. tuition and fees required for enrollment or attendance of the student at a qualifying institution;
- ii. fees, books, supplies and equipment required for courses of instruction at such an educational institution and
- iii. Living expenses while attending courses at an educational institution and applying for “Foster Care” grant.

**Who Should Apply?**

Please see criteria under scholarship details.

**When to Apply?**

Applications are accepted during the year and evaluated semi-annually in November and July. Application is due in completed form by July 20<sup>th</sup> and November 20<sup>th</sup> of each year to be considered. Incomplete applications will not be reviewed.

Proposals will be considered by the Foundation's selection committee, which meets twice a year.

The Foundation may request additional information, an interview, or a site visit.

## Application Requirements

An application form is required. Proposals should be made in letter form and should include the following information, if applicable:

- Completed Application
- Education Timeline and Degree Success Plan
- Financial Affidavit
  - Copy of previous year tax return.
    - Students 26 and under are required to submit parent's tax return.
    - A letter from the IRS stating that tax return was not required will be acceptable.
- Please provide in essay format the following information in 400-500 words:
  - Who you are.
  - Why this scholarship would make a difference in your life.
  - What are your goals and how do you anticipate reaching them.
    - What are your obstacles in obtaining these goals?
  - How you would like to make a difference.
- Description of the individual's need (low income, lack of financial resources, loss of employment, loss of property, poor health)
- Additional documentation of individual's need may be requested depending on the student's current hardship (i.e. Bank statements, dependent information, and proof of government assistance)
- Plans to accomplish goals and objectives, including a timetable when goals and accomplishments are expected to be completed.
- Official transcripts from previous year (high school and/or college)
- Grant proposals may be submitted at any time during the year prior to July 20<sup>th</sup> and November 20<sup>th</sup> to [grants@WalterandLalitaJankeFoundation.org](mailto:grants@WalterandLalitaJankeFoundation.org).

# Application

Name: \_\_\_\_\_ Type of Scholarship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Family Status: Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

# of children under the age of 18 residing in home \_\_\_\_

## Educational Information:

To which universities, colleges or training programs are you applying (list in order of preference).

1. \_\_\_\_\_

2. \_\_\_\_\_

Career Goals:

1. \_\_\_\_\_

2. \_\_\_\_\_

Identify your intended major or program (i.e. Arts, Teaching, Communications etc.)

*List in order of preference.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If accepted into any one of the universities, colleges or training programs listed above, when do you plan on attending (specific month/year): \_\_\_\_\_

List any previous degrees/certifications/credits earned (explain):

\_\_\_\_\_ When: \_\_\_\_\_

## Other Information:

Briefly describe the reason(s) for need of financial assistance: (use separate sheet if needed)

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

Volunteers Involvement – Please provide organizations and dates that you have contributed to.

\_\_\_\_\_  
\_\_\_\_\_ \*Financial and educational (if applicable) documentation may be requested by the Walter and Lalita Janke Charitable Foundation to support your statement(s) above. I certify that all statements and information provided on this form are true to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Financial Affidavit

Gross Monthly Income: Please provide details on all income sources.

Wages: \_\_\_\_\_

Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Government Sources: \_\_\_\_\_

Other Income: \_\_\_\_\_ (please explain) \_\_\_\_\_

Total Income: \_\_\_\_\_

## Monthly Expenses

Rent/Mortgage: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food/Groceries: \_\_\_\_\_

Auto Expenses: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Other Expenses: \_\_\_\_\_ (please explain) \_\_\_\_\_

## Education Timeline

**Provide Amount of Credit Hours Expected to Attend during the school year. If not attending a semester please select Not Attending.**

School Year	20__ - 20__
Fall Semester	<input type="checkbox"/> Classroom Credit Hours <input type="checkbox"/> Not Attending <input type="checkbox"/> Online Credit Hours <input type="checkbox"/> Lab
Spring Semester	<input type="checkbox"/> Classroom Credit Hours <input type="checkbox"/> Not Attending <input type="checkbox"/> Online Credit Hours <input type="checkbox"/> Lab
Summer I	<input type="checkbox"/> Classroom Credit Hours <input type="checkbox"/> Not Attending <input type="checkbox"/> Online Credit Hours <input type="checkbox"/> Lab
Summer II	<input type="checkbox"/> Classroom Credit Hours <input type="checkbox"/> Not Attending <input type="checkbox"/> Online Credit Hours <input type="checkbox"/> Lab

## Degree Success Plan

Degree Seeking (circle one): Associates, Bachelors, Masters, Doctorate

Major Seeking: \_\_\_\_\_

Credit Hours Attempted: \_\_\_\_\_ Completed: \_\_\_\_\_

Anticipated Graduate Year: 20\_\_

Cumulative GPA: \_\_\_\_\_

## **Applicant Certification and Authorization:**

### Signature Required

I declare that my responses on this application are true, correct, and complete. I understand the terms and conditions of the scholarship for which I am applying. I hereby authorize release of information contained in this application, my academic transcript and any additional information to scholarship donors

I UNDERSTAND THAT IF MY APPLICATION IS NOT COMPLETE, IT WILL NOT BE CONSIDERED.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **Parent/Guardian Certification and Authorization:**

(For students under 18 or those listed as a dependent for tax purposes)

I declare that the above responses are true, correct, and complete. I hereby authorize the release of information contained on this application that might be required to scholarship donors.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date