



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? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Will you be enrolled in a master's or doctorate program? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are you married? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Do you have children who receive more than half of all support from you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Are you a veteran or currently serving in the U.S. Armed Forces? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |

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

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 ☐ No ☐

If yes, when and which scholarship? _____

Applicant Name: _____
(Last-Maiden if married) (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 on (month/year) _____ from _____ High School and 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 ☐

Household information: Dependent students must answer all student and parental information.
Independent students do not need to provide parental information. (See first page for dependency
determination.)

Marital Status:

Parents
Married ☐ Single ☐

Student/Spouse
Married ☐ Single ☐

State of Residence

Age of older parent as of 12/31/24

Number of people in household

Number of parents who are working

Number of 2024-2025 college students in household

Father's Occupation: _____ Employed by: _____

Mother's Occupation: _____ Employed by: _____

Student's Occupation: _____ Employed by: _____

Spouse's Occupation: _____ Employed by: _____

Name & Address of any other parent/stepparent: _____

	Parents	Student/Spouse
Filed a Federal tax return for 2023	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Adjusted Gross Income	\$ _____	\$ _____
U.S. Income Tax Paid in 2023	\$ _____	\$ _____

	Father	Mother	Student	Spouse
Income Earned from Work	\$ _____	\$ _____	\$ _____	\$ _____

Untaxed Income & Benefits

	Parents	Student/Spouse
Social Security Benefits:	\$ _____	\$ _____
Social Service Aid to families with dependent 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 worker?	\$ _____	\$ _____

Assets (Do not leave blank)

	Parents	Student/Spouse
Cash, savings, checking, money market balances	\$ _____	\$ _____
Residential Real Estate (do not include family home)	\$ _____	\$ _____
Investments-socks, bonds, mutual funds, annuities (excludes retirement)	\$ _____	\$ _____
Business and/or Farm Net Worth (do not include family-owned business with 100 or fewer full-time employees or a farm you live on and operate)	\$ _____	\$ _____

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: _____