



APPLICATION FOR

Student Loan Debt Reduction

PO BOX 2232, HALESITE NEW YORK 11743

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PROGRAM OVERVIEW

The Whelan Foundation's mission is to award grants to support the higher educational goals of its recipients. It is our goal to equalize opportunities for recipients on Long Island that are normally denied them because of cost.

Award Amount: Up to \$20,000. \$5,000 per year - 4 years

The Whelan Foundation believes that everyone should have the opportunity to succeed!

The Student Loan Debt Reduction (SLDR) is a program that is intended to help those who have a financial need and want to work, or are currently working with children with special needs in various areas. These include Special Education, physical and occupational therapies, and any of the types of programs that are essential for children with special needs. The SLDR is designed to help those who have student debt, and to help ease the financial burden of student loans.

Only complete applications will be forwarded to The Whelan Foundation Committee for consideration. Each application must include the following:

1. Whelan Foundation Application for Student Loan Debt Reduction (SLDR) Award.
2. Two letters of reference from current employers or faculty members.
3. One certified copy of most recent transcript. Faxed transcripts will not be accepted.
4. Typed essay/personal response (2 pages only).
5. One copy of any student loan statements/payment plan/deferment paperwork.
6. Applications must be postmarked by March 30 of the calendar year for which you are applying
7. Applicant cannot be related to the Whelan Family or any current board members.

Students applying for the Whelan Foundation Debt Reduction Program must meet the following qualifications for consideration:

REQUIREMENTS

1. Recipient must be a graduate from an accredited college/university in the United States in Special Education, occupational therapy, speech pathology, other behavioral majors, or is working in the special needs community.
2. Recipient must demonstrate financial need.
3. Recipient must be a U.S. citizen or legal resident.
4. Recipient must maintain full time employment, and be in good standing with their employer.
5. Recipient must volunteer at the Whelan Foundation fundraising event and participate at Camp Northstar for this debt reduction award is in place.

SELECTION PROCESS

1. An independent selection committee will be evaluating recipient credentials. From the pool of applicants, a selected group of recipients will be presented to the Whelan Foundation Board, and they will, in turn, select the award winners.
2. Finalists will be required to attend an interview with the selection committee.
3. All materials submitted to support a debt reduction application are used only in the selection process. The folder of the recipient will remain in active status during the period the debt reduction award is in force. All records are confidential and available for reference by the selection committee and the Whelan Foundation Board.
4. There will be four (4) recipients chosen for the Student Loan Debt Reduction (SLDR) Award.
5. The award will be disbursed one year at a time. A minimum of \$5,000 will be distributed annually for the period of four (4) years.

SELECTION CRITERIA

Applicants are evaluated on the following criteria:

1. Work record
2. Financial need
3. Application preparation
4. Letters of Recommendation
5. Financial Information Documentation - student loan statements/payment plans/deferment paperwork

DECISIONS & NOTIFICATION

Award recipients will be notified within 90 days of application submission.

QUESTIONS?

If you have any questions regarding this application, or the application process, please contact:

Thomas Schloen
thomas.schloen@gmail.com

Whelan Foundation
PO Box 2232
Halesite, New York 11743

APPLICANT INFORMATION

Please Type or Print All Information Clearly

Completeness and neatness will ensure your application will be review properly.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

SSN: _____ Date of Birth - Month: _____ Day: _____ Year: _____

Are you a U.S. Citizen or legal resident? Yes ☐ No ☐

How did you learn about The Whelan Foundation Debt Reduction Program?

EDUCATION INFORMATION

Name of post-secondary school/s you attended. Use official school names; do not use abbreviations.

School: _____ City: _____ State: _____

School: _____ City: _____ State: _____

School: _____ City: _____ State: _____

4 Year College or University? Yes ☐ No ☐

If no, please explain the type of education program or certificate:

Year in school next year: _____ Other ☐

If other, please explain:

WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment for each job, and approximate number of hours worked each week. List wages earned at each job.

Employer / Position: _____ Hours Per Week: _____

From Month, Year: _____ To Month, Year: _____ Wages Earned: _____

Employer / Position: _____ Hours Per Week: _____

From Month, Year: _____ To Month, Year: _____ Wages Earned: _____

SERVICE IN THE SPECIAL NEEDS COMMUNITY

List all activities that you have participated in (without pay) which involve helping students or adults with special needs.

Activity: _____

Activity: _____

Years of Participation: _____

Years of Participation: _____

Offices Held: _____

Offices Held: _____

Activity: _____

Activity: _____

Years of Participation: _____

Years of Participation: _____

Offices Held: _____

Offices Held: _____

GOALS & ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your education, career objectives, and long-term goals.

STATEMENT OF FINANCIAL NEED

Please describe your current financial status including: current yearly salary, amount of student debt accumulated, deferment dates, etc.

ESSAY/PERSONAL RESPONSE

As a separate document, please respond to the following topic:

Topic: State your career goal inspirations and aspirations, describing your personal strengths, including motivation, leadership, and commitment. Include why you are deserving of The Whelan Foundation debt reduction support, and how this award would help you in your future endeavors.

Please note: Applicants who do not specifically address this topic will not be considered. Your essay should not exceed two double spaced, typed pages on 8 ½" x 11" paper, with a font size of 12 point. Include your name, and the name of the debt reduction program at the top of each page.

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with the application. Grade reports are not acceptable. All applicants must include an official university transcript of grades.

APPLICATION CHECKLIST

The recipient is responsible for submitting all materials to The Whelan Foundation Scholarship Committee on time. Incomplete or late applications will not be reviewed. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Current or most recent complete official transcript(s) of grades
- ☐ Essay/Personal Response
- ☐ Two letters of reference/recommendation
- ☐ Financial Information Documentation: This includes copies of your student loan statement, payment plan, and/or deferment paperwork
- ☐ All items postmarked by March 30th

All materials, including transcripts, must be addressed to:

The Whelan Foundation Debt Reduction Program
PO BOX 2232
Halesite, New York 11743

CERTIFICATION

The Whelan Foundation has the responsibility for selecting recipients based on criteria as set forth in the program description. This application becomes the property of The Whelan Foundation.

I acknowledge that all decisions are final. I certify that I meet the eligibility requirements of the program as described in the guidelines, and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including but not limited to: a copy of my U.S. Income Tax Return, and an official transcript of grades. Falsification of information may result in the termination of my award. If selected as a finalist, I give my permission to The Whelan Foundation to use a photo of me on its website.

Applicant's Signature: _____ Date: _____

This document no way constitutes a financial offer or obligation - all terms are subject to approval.

**SCHOLARSHIP & SLDR
PROGRAM CONFIDENTIAL
RECOMMENDATION FORM**



Applicant's Name: _____

Instructions For Applicant

1. Enter your name above
2. Save this page with the title: LAST_NAME_RECOMMENDATION (e.g., Doe_recommendation.docx)
3. Forward this document to the individual who is submitting your recommendation.
4. If the person is unable to complete the document electronically, you may print the document

INSTRUCTIONS FOR INDIVIDUAL COMPLETING RECOMMENDATION

1. The person who requested that you complete this form is applying for a scholarship or debt reduction award granted by the Whelan Foundation. Selection is generally based on academic achievement, personal motivation, contribution to the special needs community, and leadership quality.
2. Please complete and e-mail this recommendation form to thomas.schloen@gmail.com. If you are unable to e-mail the form, you can print and mail to Whelan Foundation Scholarship Committee, PO Box 2232, Halesite, New York 11743.

Name: _____ Title: _____

Address: _____ Phone: _____

How long have you known the applicant and in what capacity?

Please rate (X) the applicant in the following categories relative to others you have known:

	Outstanding	Excellent	Good	Poor	Unable to Rate
Academic Achievement					
Contribution to special needs community					
Demonstrated leadership abilities					
Personal motivation and direction					
Overall rating					

Comments: If you have additional comments, we ask that you please include them on a separate page.