



APPLICATION FOR

Academic Scholarship

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 \$80,000- \$20,000 per year (\$10,000 per semester) 4 year

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

Applications must be postmarked by March 30 of the application year.

Applicants related to the Whelan family or any current board members are not eligible.

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

1. Whelan Foundation Application for Scholarship Award.
2. Two letters of reference from current faculty members. Additional letters of reference from faculty members may be included, but not required.
3. One certified copy of current transcript. Faxed transcripts will not be accepted.
4. Hand-written essay (2 pages only): Your career goal inspirations and aspirations, describing your personal strengths, including motivation, leadership, commitment and addressing your need and why you are deserving of the Whelan Foundation scholarship support.

Students applying to the Whelan Foundation Scholarship Program must meet the following qualifications for consideration:

REQUIREMENTS

1. Students must be at least graduating high school seniors from Long Island who are enrolling as a full-time student at an accredited college/university in the United States, or continuing education to pursue a degree in the field of special education, occupational therapy, speech pathology, or other behavioral-focused majors.
 2. Students must demonstrate financial need.
 3. Students must have a minimum grade point average of 3.5 (on a 4.0 scale)
 4. Students must be a U.S. citizen or legal resident.
 5. Students must maintain a full-time enrollment and be in good standing with their college to have the award renewed for the academic year.
 6. Students must be enrolled in a program at an accredited four-year college or university majoring in education.
 7. Students must complete and document a minimum of 80 hours in volunteer hours working in the area of special education for their high school career.
 8. Student must rank in the top 20% of their senior class.
 9. Student must continue to maintain a minimum grade point average of 3.2 (on a 4.0 scale) during their college career. Grades are to be submitted every semester to The Whelan Foundation.
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SELECTION PROCESS

1. An independent scholarship committee will be evaluating student 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 scholarship winners.
2. Finalists will be required to attend an interview with the scholarship committee.
3. All materials submitted to support a scholarship application are used only in the selection process. The folder of the scholarship recipient will remain in active status during the period the scholarship is in force. All records are confidential and available for reference by the Scholarship Committee and The Whelan Foundation board.
4. Two (2) scholarships for candidates studying Special Education totaling up to \$20,000 per school year for 4 years (50% per semester). To be reviewed annually for renewal.

SELECTION CRITERIA

Applicants are evaluated on the following criteria:

1. Academic record
2. Financial need
3. Application preparation
4. Letters of recommendation
5. Transcript – Provide an official transcript from your current high school. Transcript must include a cumulative GPA and the scale of the GPA ranking. If your transcript does not show a cumulative GPA, request that a school official confirm the information on school letterhead with his or her signature. Transcript must have the name of your high school and your name, SocialSecurity number, and date of birth.
6. Financial Information Documentation – The following documents are essential to the processing of your application. If you applied for federal financial aid, include a copy of Student Aid Report (SAR).

Note: Be sure to apply early for federal student aid at www.fafsa.ed.gov.

If you have not applied for federal financial aid, include a copy of your 1040, 1040 EZ, or 1040A federal tax return and W-2 form(s). Also include copies of your parents' federal income tax return(s) and W-2 form(s).

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 Scholarship Program?

PARENT OR GUARDIAN INFORMATION

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

Telephone: _____ Email: _____

SSN: _____ Relationship to Applicant: _____

Name of Employer: _____ Job Title / Department: _____

City: _____ State: _____ Zip Code: _____

Employed From Month, Year: _____ To Month, Year: _____

Representative who can verify employment:

Name: _____ Telephone: _____

HIGH SCHOOL INFORMATION

School Name: _____ Graduation Date Month, Year: _____

City: _____ State: _____ Telephone: _____

SECONDARY SCHOOL INFORMATION

Name of post secondary school you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Please use official school names, do not use abbreviations.

School Name: _____ City, State: _____

School Name: _____ City, State: _____

School Name: _____ City, State: _____

4 Year College or University? Yes ☐ No ☐ If No, Please Explain:

Major/Course of Study: _____ Expected Graduation Date: _____

Degree Sought: _____ Student will live: On Campus ☐ Off Campus ☐

If school choice is a public institution, applicant will pay: In-State Tuition ☐ Out-of-State Tuition ☐

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: _____

Special Awards: _____

Special Awards: _____

GOALS & ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your education, career objectives, and long-term goals. Use a separate piece of paper if needed.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family, or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. Use a separate piece of paper if needed.

ESSAY REQUIREMENT

On separate sheets of paper, please respond to the following topic. Applicants who do not specifically address this topic will not be considered. Your essay should not exceed two hand written pages on 8 1/2" x 11" paper. Include your name, and the name of the scholarship program at the top of each page.

TOPIC: Your career goal inspirations and aspirations, describing your personal strengths, including motivation, leadership, commitment and addressing your need and why you are deserving of the Whelan Foundation scholarship support.

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Award Name: _____

Award Name: _____

Dollar Amount: _____

Dollar Amount: _____

Granted ☐ Pending ☐

Granted ☐ Pending ☐

School Applied to: _____

School Applied to: _____

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with the application. Grade reports are not acceptable. All applicants must include an official high school transcript of grades and have this section completed by the appropriate school official. An explanation of the school's grading scale must also be submitted.

Cumulative GPA: Weighted _____/4.0 Scale Unweighted _____/4.0 Scale

SAT Scores in: Critical Reading _____ Math _____ Writing _____

ACT Scores in: English _____ Math _____ Reading _____ Science _____ Composite _____

Applicant Rank: # _____ In Class of: _____

School's Official Signature: _____ Date: _____ Title: _____

Telephone: _____

Address: _____ City: _____ State: _____

APPLICATION CHECKLIST

The student 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:

- ☐ Student Application
- ☐ Current Complete Official Transcript(s) of grades (including grade scale)
- ☐ Student Essay
- ☐ Two letters of reference from current faculty members.
- ☐ Financial Information Documentation – The following documents are essential to the processing of your application. If you applied for federal financial aid, include a copy of Student Aid Report (SAR).use a photo of me on its website.

All materials, including transcript, must be addressed to:

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

All materials must be postmarked by March 30th

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 granted. If selected as a finalist, I give my permission to The Whelan Foundation to use a photo of me on their website.

Applicant's Signature: _____ Date: _____

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

AGREEMENT & RELEASE

Please review the terms of this Agreement & Release ("Agreement"), and sign and return this Agreement to the Foundation. If you are under the age of eighteen (18), please have your parent/guardian also sign this Agreement.

1. The student hereby represents that he/she meets the requirements for the Scholarship Award set forth below:

- (a) The student is a graduating high school senior from Long Island who is enrolling as a full time student at an accredited college/university in the United States
- (b) The student demonstrates financial need.
- (c) The student has a minimum grade point average of 3.5 (on a 4.0 scale). (d) The student is a U.S. citizen or legal resident.
- (e) The student must maintain a full time enrollment and be in good standing with his/her college to have the award renewed for the academic year.
- (f) The student must be enrolled in a program at an accredited four-year college or university majoring in education.
- (g) The student must complete and document a minimum of 80 hours of volunteer work in the area of special education during his/her high school career.
- (h) The student is in the top 20% of his/her senior class.
- (i) The student must maintain a minimum grade point average of 3.2 (on a 4.0 scale) during his/her college career.

2. If in the Foundation's sole opinion the student fails to meet the requirements set forth in this Agreement, the Foundation may, at its sole discretion, cease any further payments under the Scholarship Award.

3. The student agrees that the Foundation may use his/her name, likeness and the name of the school he/she will be attending in any of its promotional or informational materials, including invitations, press releases, journals, advertisements and fundraising solicitations. The Foundation will not utilize any information provided by the student other than his/her name, likeness and school he/she will be attending without his/her express written permission.

Continued...

AGREEMENT & RELEASE CONTINUED

4. The Scholarship Award will be paid directly to the higher education institution that the student will be enrolled in to offset tuition payments. If the student ceases to be enrolled in and/or attend a higher education institution, the Foundation will cease any further payments and will be entitled to any refund made by the higher education institution of advanced tuition payments. If the student decides to change the higher education institution that he/she is attending the student must notify the Foundation, in writing, and future payments will be made to the new institution, provided that the student is enrolled in and attending that school and continues to meet the requirements set forth in this Agreement.

STUDENT

Signature _____

Print Name: _____

Date: _____

PARENT/GUARDIAN

Signature _____

Print Name: _____

Date: _____

**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.