THE J.L. WADE FOUNDATION SCHOLARSHIP

Offered without restriction as to age, gender, race, or religion.

ABOUT THE SCHOLARSHIP

The J.L. Wade Foundation Scholarship ("Scholarship") is a one-year scholarship administered by the J.L. Wade Foundation ("Foundation").

The Scholarship, awarded in memory of J.L. Wade, whose intention was to enhance the understanding of nature and its importance for a very rapidly developing world, is designed to assist and encourage talented high school graduates residing in the Illinois counties of Pike, Calhoun, Scott, Greene, and Adams, with an emphasis on those students pursuing degrees to promote the study of nature and the preservation of the environment and supporting studies related to nature (e.g. agricultural science, atmospheric science, coastal zone management, environmental engineering, environmental chemistry and toxicology, environmental health, environmental law, fisheries management and conservation, marine biology, etc.) The scholarship will assist those seeking to obtain the benefits of a college education.

The recipient of the scholarship will receive Five Thousand Dollars (\$5,000.00) to assist with the cost of tuition at a college or university. The scholarship will be paid directly to the college or university selected by the recipient. Students who are awarded the scholarship may apply, by providing an updated scholarship application, to renew the scholarship annually for undergraduate studies for three (3) consecutive years. The renewal of the scholarship, as with the initial scholarship, is dependent upon the recipient complying with scholarship guidelines and the availability of funding.

PAYMENT OF THE SCHOLARSHIP

Applications will be accepted through MONDAY, MARCH 31, 2025 for the Scholarship. The Foundation will pay \$5,000.00 to the undergraduate college or university the recipient is attending for the school year beginning in the Fall semester of the current calendar year.

APPLICATION PROCESS

An applicant must be accepted to attend an undergraduate college or university for the fall semester of the current calendar year and must have permanent residence in a county served by the Foundation. Students having permanent residence in Pike, Calhoun, Scott, Greene, or Adams County, Illinois are eligible to apply. The Scholarship will be awarded and paid to the recipient's college or university prior to the commencement of the fall semester.

In selecting the scholarship recipient(s) each year, the following shall be relevant factors:

- The academic record of the applicant, evidenced by the applicant's grades and test scores;
- Recommendations of applicant's principals, teachers, professors, or guidance counselors;
- Extra-curricular activities in which the applicant participated; and
- An evaluation of the character and motivation of the applicant based on personal interviews of the applicants may be considered at the discretion of the Scholarship Committee.
- Additionally, special consideration will be given to otherwise qualified applicants who elect to pursue a degree in natural science and/or reside in Pike County, Illinois.

Other than as set forth above, there are no criteria or limitations with respect to the scholarships awarded. Scholarship awards are made on an objective, nondiscriminatory basis by the Foundation's designated representatives.

The J.L. Wade Foundation Scholarship – Application (please type or print clearly)

Applicant:		Phone #:		
Last	First	Middle		
Address:				
Address: Street	City	Zip Code	County	
E-mail address:				
Social Security #:		Date of Birth:		
High School Attending/Attended:_		Count	y:	
College Attending for Fall Semeste	er, 2025:			
Part I. To be completed by the app school. If the applicant is out of hig				
I,	, verify that the a	bove-named student is	s a current high school senior	
at	in	Co	ounty, Illinois. I further verify	
that upon the satisfactory completi				
school and will be eligible to attend				
solitori una win se engiste le unem	a a concept or armit	-2,8		
		Date:	, 2025	
Guidance Counselor's name	e (Printed)			
High School Address	A	F	High School Phone #	
High School Address (cont.	.)		Guidance Office #	
Guidance Counselor's Sign	ature			

^{*}To the guidance counselor: Please send a certified copy of the applicant's transcript to the address given on page 5.

	_, verify that the above-named s	tudent is a current student at
	, majoring in	I further verify that
he/she is in good academic standing		
	Date:	, 2025
Academic Advisor's name and	Title (Print)	
Advisor's Office Address		Office Phone #
Advisor's Office Address (co	ont.)	
Academic Advisor's Signatur	ie	
Part III. Recommendations.	TC	
	pleted application, at least two (2) selors, professors, or other relevant endation from those who are famili	t school personnel. Feel free to ar with you and your academic
Part III. Recommendations. Please submit, along with your complete teachers, principals, guidance counts submit additional letters of recommendationals. Each letter of recommendationals.	pleted application, at least two (2) selors, professors, or other relevant endation from those who are famili on should be sealed in an envelop	t school personnel. Feel free to ar with you and your academic
Part III. Recommendations. Please submit, along with your complete teachers, principals, guidance counts submit additional letters of recommendating signature across the seal.	pleted application, at least two (2) selors, professors, or other relevant endation from those who are famili on should be sealed in an envelop plicant.	t school personnel. Feel free to ar with you and your academic e and bear the recommender's

Academic Record. Respond to all that apply	ly.	
High School GPA:/	College GPA:	/
ACT Score: Date taken:	SAT: Overall	Date taken:
	Verbal	Math
Educational Goals.		
Expected Date of College Graduation:	Maj Month/Year	or:
Extracurriculars/Honors.		
List extracurricular activities. Note whether	participation occurred durin	ng high school or college.
List any Honors or Awards received. Include		
Other Relevant Information. Please provi		ion you feel will be helpful t
scholarship committee in reviewing your app		
scholurship committee in reviewing your upp		

Certification.

I hereby certify that, should I be awarded the Scholarship: (1) I will be a full-time college undergraduate student during the period of the award; (2) I will use the aid only for payment of tuition, required fees, room and board.

I further certify that all information	on contained herein is true and o	correct.	
Signature of Applicant:		Date:	, 2025
Signature of Parent/Guardian (if A	Applicant is under age 21):		
Parent/Guardian Printed Name:		Date:	, 2025
Send Completed Application to:	J.L. Wade Foundation c/o Schmiedeskamp Robert Attn: Michael A. Bickhaus 525 Jersey Street Quincy, IL 62301		
To be completed by J.L. Wade I		mittee	
Granted Sch Denied	olarship Amount:		
Incomplete Application			
Other Spe	ecify:		
Date Evidence of Enrollm	Letter Sent:ent Received:d:		
Award Sent To:			