

# AHAIN Scholarship Fund - Ralph E. Biggs Scholarship 2021 Application



Thank you for your interest in the AHAIN Scholarship Fund. The Affordable Housing Association of Indiana established this scholarship fund to promote education and expand opportunities for individuals involved in affordable housing in Indiana. **The AHAIN scholarship is managed through the Adams County Community Foundation (ACCF).**

Eligible parties include:

- AHAIN Member Residents and Employees

In 2021, the AHAIN Scholarship Fund will award the Ralph E. Biggs Scholarship in the amount of up to \$1,500 per year (award will be split between two semesters) for educational expenses with **potential for renewal for up to four years.**

## Applicants Must:

- Be a candidate for high school graduation, or have earned a high school diploma or equivalent;
- Be accepted at or enrolled as a **full-time or part-time** under graduate student at an accredited **2- or 4-year college**, university or as a full-time or part-time student at an accredited vocational educational school;
- Currently **work for an AHAIN Member Company OR reside in an AHAIN Member property;**
- Be a United States citizen or **permanent legal resident;**
- Demonstrate scholastic achievement; and
- Demonstrate financial need.

## Scholarship Recipient Expectations:

The AHAIN Scholarship Fund will provide recipient **with up to \$1,500** per year to assist in paying for expenses related to enrollment at the accredited school. Pursuant to the requirements of the Internal Revenue Code §117(b), the funds received from the Scholarship Program must be used to:

- Pay tuition and fees required for enrollment at an educational institution; or
- Pay for fees, books, supplies, and equipment required for courses of instruction at such educational institution.

## In addition, recipient is required to agree:

- **Potential Opt-Out or other grants have paid tuition and fees:** Understand that any funds not expended or committed for the purposes of the scholarship set forth above will be returned to the Fund;
- **Semester Invoice:** To provide a copy of proof of tuition payment at a college, university, or vocational educational school for the term for which the scholarship is awarded;
- **ACCF Communication:** For fall semester and spring semester payments, student must submit evidence of continuing eligibility, including evidence of tuition billing/payment at the accredited college, university, or vocational educational school.
- **Continued-Eligibility:** To submit evidence of continued occupancy in an AHAIN Member property OR continued employment at an AHAIN Member Company.
- **Transcripts:** To provide a grade report showing that a minimum Grade Point Average (GPA) of 2.0 each semester was maintained, while taking at least **3 credits**. If in any semester recipient does not maintain this standard, then the AHAIN Scholarship Fund may terminate the scholarship or may, in its sole discretion, place the recipient on probation for one semester. In such case, failure to achieve this standard in the next applicable semester will result in termination of the scholarship.

## Application Requirements:

Applicants must complete all applicable fields of the application to be considered for the scholarship. Applications must be received by the AHAIN Scholarship Fund / **Adams County Community Foundation (ACCF) on or before the deadline of Wednesday, June 2 by 4:00 pm (Eastern Standard Time).**

Please be sure to:

1. Complete all applicable fields of the application.
2. Clearly label all application attachments with applicant name and information, and submit electronically with the application.
3. Send all supporting documents, including academic transcripts and signed letter of recommendation, to the [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org).
4. Electronic submission of application is preferred. Please submit all application materials via email to [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org).
5. Mail or email application, transcripts, and letter of recommendation to [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org).

### **SUBMISSION ADDRESS**

Email: **ACCF@AdamsCountyFoundation.org**

Mailing Address: **Adams County Community Foundation**  
102 N. 2<sup>nd</sup> Street  
Decatur, IN 46733

Questions?: T: 260.724.3939 / E: [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org)

Office hours: Monday-Thursday: 8-4 and Friday: 8-1

Access this application: [www.AdamsCountyFoundation.org](http://www.AdamsCountyFoundation.org)  
scholarship / applications / AHAIN Scholarship Application

**Due Date/Time: Wednesday, June 2 at 4:00 pm (Eastern Standard Time).**

*Note: All decisions concerning selection of scholarship recipients are made by a Scholarship Selection Committee with the help of staff members, who are solely responsible for the final selections and the awards of scholarships to individuals so selected. The AHAIN Scholarship Fund prohibits the awarding of any scholarship to a relative of any member of the Selection Committee, and prohibits giving consideration of any such award. "Relatives" include ancestors, spouses, siblings, children and the spouses, siblings and children of such individuals. Adopted children and stepchildren are included in this definition.*

Please ensure that you either email or mail all appropriate documentation to the Scholarship Fund in order for it to be received by the application deadline date, **June 2, 2021**.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment or Unit Number*

\_\_\_\_\_ *City State Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### AHAIN MEMBER INFORMATION

Name of AHAIN Member Company/Property: \_\_\_\_\_

Length of time at AHAIN Member Company/Property: \_\_\_\_\_

Property Manager's Name and Phone Number: \_\_\_\_\_

### PERSONAL STATEMENT

**Computer generate, max, two-page narrative/essay using the following topic:**

“Describe your own unique, personal life experiences that have led you to believe that affordable housing should be a vital component of communities throughout the country.”

### MOST RECENT SCHOOL & TEST INFORMATION

High School or College: \_\_\_\_\_  
*Name City State*

Graduation Date: \_\_\_\_\_

Type of Diploma/Degree: \_\_\_\_\_ \*High school GPA: \_\_\_\_\_

\*College GPA: \_\_\_\_\_ \*\*ACT and/or SAT: \_\_\_\_\_

*\*Send your school transcripts (unofficial is accepted) to the [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org). Write your most recent accumulated GPA scores in the space above.*

### COLLEGE GOALS

Please list all colleges/universities/vocational schools to which you have applied.  
Which one do you plan to attend? What do you plan to study?

**Award will be process upon submission of scholar's college invoice.**

Reminder: award will be split between two semesters.

(If necessary, one page may be added to full describe this area)

**EXTRACURRICULAR ACTIVITIES / VOLUNTEERISM**

List all extracurricular activities (school and community) in which you have participated in the past four years. List all leadership positions and offices held. Check years during which you participated. If necessary, include additional sheets, using the format shown below.

ACTIVITY	2018	2019	2020	2021	LEADERSHIP	2018	2019	2020	2021
					POSITIONS/ OFFICES HELD				

**AWARDS, HONORS, AND RECOGNITIONS**

List all awards and honors you have received.

NAME OF AWARD/HONOR/RECOGNITION	DESCRIPTION OF AWARD/HONOR/RECOGNITION	DATE RECEIVED

**WORK HISTORY**

Provide your work history. If necessary, include additional sheets using the format shown below.

DATES WORKED	NAME AND ADDRESS OF COMPANY	POSITION HELD	DUTIES	SUPERVISOR'S NAME AND PHONE NUMBER

**LETTERS OF RECOMMENDATION**

One letter of recommendation should be submitted with application. This nonfamily member should be professional (e.g., employer, school official, etc.) or personal (e.g., coach, pastor, etc.). **The quality of recommendation is a major factor for scholarship selection.**

Below, list the name of the recommender. If necessary, include additional sheets using the format below:

1. \_\_\_\_\_  
Name Title Relationship

**SIGNATURE**

I hereby certify that all information and supporting documentation are true to the best of my knowledge. I understand that any knowingly false information may disqualify me from consideration for any AHAIN scholarship or be grounds for an offered scholarship to be rescinded.

If I am chosen as an AHAIN Scholarship recipient, I also grant permission for the AHAIN Scholarship Fund to reprint my personal statement/essay for use at the AHAIN Affordable Housing Conference and Annual Meeting. I additionally grant the use of my likeness by AHAIN and the AHAIN Scholarship Fund to promote and market the AHAIN Scholarship.

**\*ELECTRONIC TRANSMITTAL:** Electronic transmittal of application and supporting documentation to the ACCF/ AHAIN Scholarship Fund is certification that all information and supporting documentation are true to the best of my knowledge.

In addition, transmittal provides my agreement that any knowingly false information may disqualify me from consideration for an AHAIN scholarship, or be grounds for an offered scholarship to be rescinded. Actual electronic transmittal will be used as an electronic signature and date.

Application and all required supporting documentation must be received by the Scholarship Fund by the Application Deadline, first **Wed. in June** (by **4:00** pm EST), to be considered. Email this information to: [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If under 18 (Parent or guardian):**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student & Family Employment, etc. Information,**  
**Adams County Community Foundation / 102 N. Second Street / Decatur, IN 46733 / Ph: (260) 724-3939**  
[www.AdamsCountyFoundation.org](http://www.AdamsCountyFoundation.org) / Questions? [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org)

Applicant's name: \_\_\_\_\_ Employment: \_\_\_\_\_  
 Employment address: \_\_\_\_\_ Title: \_\_\_\_\_  
 part-time (approx. # of hrs./wk: \_\_\_\_\_)       full-time

Mother's/guardian's name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Place & Address of  
 Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 part-time (approx. # of hrs./wk: \_\_\_\_\_)       full-time

Father's/guardian's name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Place & Address of  
 Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 part-time (approx. # of hrs./wk: \_\_\_\_\_)       full-time

Siblings: (living with you and those supported by your household - 50% or more of the time):

	<i>Relationship</i>	<i>Name</i>	<i>Age</i>	<i>Year in school</i>	<i>Presently attending college?</i>	
1.)	_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.)	_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.)	_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.)	_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.)	_____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

**Family Matters:** **Is there anything more you would like to share regarding your family's financial status?**  
 (i.e. lay-off, illness, parent(s) in college, grandparent/foster child lives with your family, etc.)  
 If you need additional space, please attach a separate page.

As some committees use this information to determine eligibility or selection, this information is necessary. Please check all that apply:

**Family/College Experience:**

- I am the first person (to include my siblings and parents) in my family to attend college.
- I have older sibling(s) in my family who have college experience.
  - I have \_\_\_\_\_ Older sibling(s) who have college experience.
  - I have \_\_\_\_\_ Older sibling(s) who have college degree(s)
- My parents have college experience:
  - My father has college experience.      and / or       My father has a college degree.
  - My mother has college experience.      and / or       My mother has a college degree.

**Public assistance received during the past 12 months (check all that apply):**

- Temporary Assistance to Families*
- Trustee's Assistance*
- Food Stamps*
- Supplemental Security Income (SSI)*
- Free or Reduced Lunch*
- Other:*

## APPLICATION CHECKLIST

Before submitting, ensure that your application is complete. Applications with missing documentation will not be considered by the Scholarship Selection Committee.

- Application – Every applicable section is complete
- Property Manager/Supervisor completed the certification page
- Personal Statement/Essay – Ensure the essay conforms to the subject as described on page 3
- Most recent school GPA transcript
- Letter of Recommendation – Personal or Professional
- Student & Family Employment, etc. Information (page 6/9)
- Application Signed

If you have any questions, please contact the Adams County Community Foundation (ACCF) office at [ACCF@AdamsCountyFoundation.org](mailto:ACCF@AdamsCountyFoundation.org) or 260-724-3939.

# Residency and Good Standing Certification

(TO BE COMPLETED BY PROPERTY MANAGER AND SUBMITTED WITH SCHOLARSHIP APPLICATION)



Applicant Name \_\_\_\_\_

Apartment Community \_\_\_\_\_

Apartment Property Manager \_\_\_\_\_

Property Manager Office Phone \_\_\_\_\_

Head of Household on Tenant Certification \_\_\_\_\_

The Applicant \_\_\_\_\_ is listed on the attached tenant income certification and is currently in good standing.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Management Company



# Employee Good Standing Certification

(TO BE COMPLETED BY SUPERVISOR AND SUBMITTED WITH SCHOLARSHIP APPLICATION)



Applicant Name \_\_\_\_\_

AHAIN Member Employer \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Office Phone \_\_\_\_\_

The Applicant \_\_\_\_\_ is currently an employee in good standing.

\_\_\_\_\_  
Supervisor (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
AHAIN Member Company