

## AHAIN Scholarship Funds

### Ralph E. Biggs Scholarship / Charyl Luth Scholarship



Thank you for your interest in the AHAIN Scholarship. 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, Employees, &/or a direct family member of an AHAIN employee

In 2025, the AHAIN Scholarship Fund will award the Ralph E. Biggs Scholarship and the Charyl Luth 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.

#### Eligibility\* / Applicants Must:

- Currently resides in an AHAIN Member property, works for an AHAIN Member/Company (works at 'property-level') OR is a direct family member of an AHAIN staff (lives with the family  $\geq 50\%$  of the time).
- 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 undergraduate or 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;
- Be a United States citizen or permanent legal resident;
- Demonstrate scholastic achievement; and
- Demonstrate financial need.

\*if you have questions regarding your eligibility, please contact: [accf@adamscountyfoundation.org](mailto:accf@adamscountyfoundation.org)

#### 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 outstanding balance for 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, the 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 may 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 Wed., June 4, 2025\* 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](mailto: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: **Wed., June 4, 2025\* by 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 4, 2025.

### 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: \_\_\_\_\_

If applying as a family member of an AHAIN staff: Name of staff / AHAIN Member Company, Property / family relationship: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

### PERSONAL STATEMENT

**Computer generate, max, two-page (double space) 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

1) Please list all colleges/universities/vocational schools to which you have applied. 2) Which one do you plan to attend? 3) What do you plan to study? **Award will be processed upon submission of scholar's college invoice.**

Reminder: award will be split between two semesters.

1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2) College: \_\_\_\_\_ / 3) Major: \_\_\_\_\_ / \_\_\_\_\_

(If necessary, one page may be added to fully 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	2022	2023	2024	2025	LEADERSHIP POSITIONS/ OFFICES HELD	2022	2023	2024	2025

**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



**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:** \_\_\_\_\_ part-time (approx. # of hrs./wk: \_\_) \_\_\_ full-time  
**Title:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

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

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

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

	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Year in school</u>	<u>Presently attending college?</u>
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 on a separate page.**

The following information is necessary as some committees use this information to determine eligibility or selection.  
 Please check all that apply:

**Family / College Information:**

- 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 siblings who have college experience.
  - I have Older siblings 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):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Temporary Assistance to Families<br>Supplemental Security Income (SSI) | <input type="checkbox"/> Trustee's Assistance<br>Free or Reduced Lunch | <input type="checkbox"/> Food Stamps<br>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
- 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