



Scholarship Fund Withdrawal Application

The Corporal Christopher Kelly Willis Foundation (The Willis Foundation) is committed to supporting the men and women of our armed services through the funding of college scholarships for the benefit of children whose parent has been killed or permanently disabled in a combat zone. It is our goal to assist children of these fallen heroes and provide financial freedom and opportunity so they may pursue a higher education. It is our belief that these families have also made the ultimate sacrifice. If you are a recipient of one of our college scholarships and need to withdraw your funds for higher education costs, please complete the following required Scholarship Fund Withdrawal Application. Qualified higher education costs include tuition, fees, certain room and board costs, books, supplies and equipment required for your enrollment or attendance at the school. The amount you request for withdrawal can **only** be sent directly to the higher education institution where you are enrolled for the next semester/term or are currently enrolled, or may be reimbursed to you for costs previously expended.

The Willis Foundation Scholarship Fund's award amount is dependent on the financial need of the recipient and the cost of the higher education institution. Financial need must be demonstrated by providing the required documentation of the recipient as well as the documented costs of the higher education institution. **Scholarship funds will only be awarded to the recipient upon evidence of registration in an accredited higher education institution.**

Criteria and eligibility (The Willis Foundation Scholarship Fund Withdrawal Recipient applicants):

1. Recipient must be a graduating high school senior in the year of the award **or** have already completed their high school graduation.
2. Recipient must have at least a **2.0 grade point average** (or a "C" average) upon completion of high school.
3. Recipient must maintain at least a **2.0 grade point average** (or a "C" average) while attending a higher education institution.
4. Recipients are required to renew their application process each year attending a higher education institution.
5. For the Willis Foundation purposes, the higher education institution is a university, college, community college, technical program or certificate program.

Initial Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. An official and recent high school transcript with cumulative grade point average.
3. Registration documentation from a higher education institution (registration form and tuition statement).
4. Current year Free Application for Federal Student Aid (FASFA) and higher education institution financial award package.

Application Renewal Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. An official and recent college transcript with cumulative grade point average.
3. Registration documentation from the higher education institution where you attend (registration form and tuition statement).
4. Current year FAFSA and higher education institution financial award package.

Deadline for the application is **90 days prior to the beginning of the semester** for recipients wishing to access funds for the following semester. Other deadlines are determined by time of desired registration and on an individual basis. Please submit application online using the online form with the require forms uploaded as directed **or** mail application to:

The Corporal Christopher Kelly Willis Foundation

491 W. South Street

Kalamazoo, Michigan 49007

Col.
**CHRISTOPHER
 KELLY WILLIS**
Foundation

Scholarship Fund Withdrawal Application

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|---|
| <p>Please check all that apply. <input type="checkbox"/> The Willis Foundation Scholarship <input type="checkbox"/> Returning Recipient</p> |
| Date of Application: _____ |

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|--|--|
| Please type or print your answers. If application is illegible it will be returned to you. | |
| 1. | Recipient's First, Middle and Last Name: _____ |
| 2. | Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ |
| 3. | Recipient's Email Address: _____ |
| 4. | Telephone Number: _____ |
| 5. | Date of Birth: _____ |
| 6. | Name of Service Member Parent: _____ |
| 7. | Current or Graduated High School Name and City: _____ Number of years attended: _____ |
| 8. | Name and city of other high schools attended: _____ Number of years attended: _____ |
| 9. | Graduating High School or College Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required. |
| 10. | I will be attending the following college/university/technical school: _____ (Name, City, State of school) in the <u>Fall/Winter/Spring/Summer</u> (circle one) of 2019/2020/2021/2022 (circle one) Proof of acceptance or current student enrollment from the above school is required prior to funds being released to the college or university. |
| 11. | I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore Junior Senior |
| 12. | What specialty/major do you plan to major in as you continue your education? _____ |

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|-----------|--|----------------------------|------------|--------------------------------|---|
| 13. | List the name of any colleges you have previously attended. | Year Began | Year Ended | Year Graduated (If applicable) | Type of Degree Received (If applicable) |
| | A. | | | | |
| | B. | | | | |
| | C. | | | | |
| 14. | Indicate the amount of funds requested: \$ | | | | |
| 15. | <p>The amount you request for withdrawal can only be sent directly to the higher education institution where you are enrolled for the next semester/term or are currently enrolled, or reimbursed to you for costs previously expended. Important Notice: Many schools require checks to be processed through the financial aid office. Please verify the contact person and mailing address with your school <u>before</u> completing this section.</p> <p>Make checks payable to and mail to:</p> <p>_____</p> <p>Name of Higher Education Institution (School)</p> <p>_____</p> <p>Name of Financial Aid Contact Person/Department</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p>Your Student ID</p> | | | | |
| 16. | What is your (or your family's) annual household income (prior year W-2 required)? | | | | |
| 17. | List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) | | | | |
| | A. | Tuition: | Amount: \$ | | |
| | B. | Books: | Amount: \$ | | |
| | C. | Room & Board: | Amount: \$ | | |
| | D. | Other expenses: | Amount: \$ | Describe below under comments | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| 18. | List other financial assistance you will receive per semester or quarter: (Other financial assistance will not affect your scholarship eligibility.) | | | | |
| | A. | Personal: | Amount: \$ | | |
| | B. | Other Scholarship(s): | Amount: \$ | List below under comments | |
| | C. | Grants: | Amount: \$ | List below under comments | |
| | C. | Student Loan(s): | Amount: \$ | List below under comments | |
| | D. | Other Financial Resources: | Amount: \$ | List below under comments | |
| Comments: | | | | | |
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Use an additional sheet if you need more room to list financial information requested in items 17 & 18.

19. A. The following items must be attached to this application in order for the application to qualify to be reviewed by the Willis Foundation Board of Directors.
 B. Your application will not be considered if these items are not attached to this application.
 C. Circle "YES" or "NO" to be sure you have attached each item as required.

| | | | |
|--|-----|----|---|
| | YES | NO | Completed application. All questions are answered completely. |
| | YES | NO | Proof of college registration or current student enrollment. |
| | YES | NO | Most recent <u>official</u> high school or college transcripts. Photocopies of your transcript are acceptable , if transcript is signed by a guidance counselor or principal. |
| | YES | NO | Tuition Statement. Please direct the tuition statement for your unmet financial needs to our office immediately upon receipt. |
| | YES | NO | Current year FAFSA and higher education institution financial award package. |

If you are under 18, name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.
 Name (s) _____
 Street: _____ City: _____ State: _____ ZIP: _____
 Home phone of parents or legal guardians: _____

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that as a scholarship recipient of the Corporal Christopher Kelly Willis Foundation, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship recipient: _____ Date: _____

Signature of applicant's guardian/ parent: _____ Date: _____