



The Whelan Foundation

# Student Loan Debt Reduction

Application

*Version 1.2*

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## The Whelan Foundation Debt Reduction Program

PO Box 2232, Halesite New York 11743

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.

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

The Student Loan Debt Reduction (SLDR) is a program that is intended to help those who have a financial need and want to work, or are currently working with children with special needs in various areas. These include Special Education, physical and occupational therapies, and any of the types of programs that are essential for children with special needs. The SLDR is designed to help those who have student debt, and to help ease the financial burden of student loans.

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

1. Whelan Foundation Application for Student Loan Debt Reduction (SLDR) Award.
2. Two letters of reference from current employers or faculty members.
3. One certified copy of most recent transcript. Faxed transcripts will not be accepted.
4. Typed essay/personal response (2 pages only).
5. One copy of any student loan statements/payment plan/deferment paperwork.
6. Applications must be postmarked by March 30, 2021
7. Applicant cannot be related to the Whelan Family or any current board members.

Students applying for the Whelan Foundation Debt Reduction Program must meet the following qualifications for consideration:

## REQUIREMENTS:

1. Recipient must be a graduate from an accredited college/university in the United States in Special Education, occupational therapy, speech pathology, other behavioral majors, or is working in the special needs community.
2. Recipient must demonstrate financial need.
3. Recipient must be a U.S. citizen or legal resident.
4. Recipient must maintain full time employment, and be in good standing with their employer.
5. Recipient must volunteer at the Whelan Foundation fundraising event and participate at Camp Northstar for this debt reduction award is in place.

## SELECTION PROCESS:

1. An independent selection committee will be evaluating recipient 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 award winners.
2. Finalists will be required to attend an interview with the selection committee.
3. All materials submitted to support a debt reduction application are used only in the selection process. The folder of the recipient will remain in active status during the period the debt reduction award is in force. All records are confidential and available for reference by the selection committee and the Whelan Foundation Board.
4. There will be four (4) recipients chosen for the Student Loan Debt Reduction (SLDR) Award.
5. The award will be disbursed one year at a time. A minimum of \$5,000 will be distributed annually for the period of four (4) years.

## SELECTION CRITERIA:

Applicants are evaluated on the following criteria:

1. Work record
2. Financial need
3. Application preparation
4. Letters of Recommendation
5. Financial Information Documentation - student loan statements/payment plans/deferment paperwork

## DECISION & NOTIFICATION:

Award recipients will be notified within 90 days of application submission.

If you have any questions regarding this application, or the application process, please contact:

**Thomas Schloen**  
Whelan Foundation  
PO Box 2232  
Halesite New York 11743  
thomas.schloen@gmail.com

## The Whelan Foundation Debt Reduction Program

PO Box 2232, Halesite New York 11743

TYPE OR PRINT ALL INFORMATION CLEARLY

Completeness and neatness will ensure your application will be review properly.

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a U.S. citizen or legal resident? ☐ Yes ☐ No

How did you learn about this debt reduction program?

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### EDUCATION INFORMATION

Name of post-secondary school you attended. Use official school names; do not use abbreviations.

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ 4 year College or University ☐ Other, explain

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Year in school next year \_\_\_\_\_ ☐ Other, explain

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## 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 \_\_\_\_\_ Amount Earned \_\_\_\_\_

Employer/Position \_\_\_\_\_ Hours per week \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Amount Earned \_\_\_\_\_

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## 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 participated \_\_\_\_\_ # Years participated \_\_\_\_\_

Offices Held \_\_\_\_\_ Offices Held \_\_\_\_\_

Activity \_\_\_\_\_ Activity \_\_\_\_\_

# Years participated \_\_\_\_\_ # Years participated \_\_\_\_\_

Offices Held \_\_\_\_\_ Offices Held \_\_\_\_\_

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## GOAL/ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your education, career objectives, and long-term goals.

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## STATEMENT OF FINANCIAL NEED

Please describe your current financial status including: current yearly salary, amount of student debt accumulated, deferment dates, etc.

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## ESSAY/PERSONAL RESPONSE

On separate sheets of paper, please respond to the following topic:

TOPIC: State your career goal inspirations and aspirations, describing your personal strengths, including motivation, leadership, and commitment. Include why you are deserving of the Whelan Foundation debt reduction support, and how this award would help you in your future endeavors.

Please note: Applicants who do not specifically address this topic will not be considered. Your essay should not exceed two double spaced, typed pages on 8 ½" x 11" paper, with a font size of 12 point. Include your name, and the name of the debt reduction program at the top of each page.

## TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with the application. Grade reports are not acceptable. All applicants must include an official university transcript of grades

## APPLICATION CHECKLIST

The recipient 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:

- ☐ Current or most recent complete official transcript(s) of grades
- ☐ Essay/Personal response
- ☐ Two letters of reference/recommendation
- ☐ Financial Information Documentation: This includes copies of your student loan statements/payment plan/deferment paperwork.
- ☐ Post marked by March 30., 2021

All materials, including transcript, must be addressed to:

**The Whelan Foundation Debt Reduction Program**  
**PO BOX 2232**  
**Halesite, New York 11743**

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# WHELAN FOUNDATION SCHOLARSHIP PROGRAM

## Confidential Recommendation Form

### INSTRUCTIONS FOR APPLICANT

NAME: \_\_\_\_\_

1. Enter your name above
2. Save this document with the title: LAST NAME\_RECOMMENDATION  
a. (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 for him/her.

### INSTRUCTIONS FOR INDIVIDUAL COMPLETING RECOMMENDATION

1. The person who requested that you complete this form is applying for a 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](mailto: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?  
\_\_\_\_\_

In what capacity?  
\_\_\_\_\_

Please rate (x) the applicant in the following categories relative to others you have known:

	Outstanding	Excellent	Good	Fair	Poor	Unable to judge
Academic achievement:						
Contribution to special needs community:						
Demonstrated leadership abilities:						
Personal motivation and direction:						
Overall rating:						

**Comments: (Please note: you may attach a separate sheet if you prefer.)**