



## **Ladder of Hope 2024 Scholarship Application – Sponsored by Pep’s Pizza Company**

### **SCHOLARSHIP:**

One scholarship will be awarded up to Two Thousand Dollars (\$2,000) for Fall Semester tuition.

### **BASIC INSTRUCTIONS:**

1. Application forms are available at [www.ics-gb.org](http://www.ics-gb.org) and at the Integrated Community Solutions (ICS) office, 2605 S. Oneida St., Suite 106, Green Bay, WI 54304.
2. Complete all questions. Failure to complete all questions will result in your application not being accepted.
3. Return completed application and attachments to: ICS Scholarship Committee, 2605 S. Oneida St., Suite 106, Green Bay, WI, 54304, or via email to [loride@ics-gb.org](mailto:loride@ics-gb.org).
4. Applications must be received at ICS by May 31, 2024 to be considered. Winning applicant will be notified by June 14, 2024.

### **PROGRAM REQUIREMENTS:**

1. Applicant\* must be in attendance at any Public or Private educational institution in Wisconsin offering an Associate Degree or a Bachelor’s Degree.
2. Applicant must provide verification of enrollment at the educational institution they will be attending in Fall 2024, the tuition amount due for Fall Semester, and grant amounts already received for Fall Semester.
3. Applicant must provide a personal essay. See the Essay section on Page 2 for the required content.
4. Applicant must provide two (2) letters of recommendation from a non-related person with the application. Must use the ICS Scholarship Letter of Recommendation Form found on Page 4.
5. Applicant must be a current participant or household member of the Brown County Housing Authority’s Housing Choice Voucher Program or currently receiving another form(s) of government subsidized assistance. Examples: Energy Assistance, Badger Care, Food Share, Medicaid, WI Shares Child Care Subsidy, etc.
6. Applicant must provide current documentation verifying the government program(s) being utilized\*\*.

\*ICS employees and their immediate families are not eligible to participate.

\*\* ICS reserves the right to validate all acceptable methods of subsidized government assistance relative to the eligibility of this scholarship.



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### Student Information: (please print or type)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Parent/Guardian Name (if minor): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

College Enrolled in for Fall 2024 Semester: \_\_\_\_\_

Academic Year of Study: \_\_\_\_\_ Field of Study: \_\_\_\_\_

### Eligibility:

To be eligible, confirm you currently live in a residence that receives Housing Assistance through the Brown County Housing Choice Voucher Program or that you are receiving another form(s) of government subsidized assistance. (Check one):  Yes  No

Provide the Name of Program and attach current verification of enrollment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Essay:

ICS’s company values are: Seeing What Could Be, Living to Potential, Never Being Satisfied, and Investing in People’s Success. Please provide an essay that includes your educational goals, your career goals, sacrifices you make to obtain your degree, the impact you want to make on the community, and how the ICS company values align with you and your goals. (Attach a separate page(s) with this information.)

### Recommendation Letters:

Please see the ICS Recommendation Letter Request Form included on Page 4 with this application. This form should be completed by a non-related person who can provide information about your achievements and character. Two completed forms are to be included with your completed application.

**Certification:**

I, \_\_\_\_\_, certify that the statements contained herein are true and may be shared with the Scholarship Selection Committee and Scholarship Donors. If I am awarded the scholarship, I give permission to ICS to share my story and photos to further the Ladder of Hope Mission.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

**ICS LOH Use Only:**

**Approval of Scholarship Award? Yes No**

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

A complete submission for the Fall 2024 Scholarship will include:

- Completed Application
- Verification of Current Government Subsidized Program Recipient
- Personal Essay
- Verification of Fall 2024 Educational Institution Enrollment, Amount of 2024 Fall Semester Tuition due, and Amount(s) of other Grants Received for 2024 Fall Semester
- Submitted by May 31, 2024
- Two Recommendation Letter Request Forms, Completed/Signed
- Certification Section Completed and Signed



## Recommendation Letter Request Form

### To Be Completed by the Applicant:

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

Address-Street/City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Note to Evaluator: \_\_\_\_\_

I authorize the Evaluator listed below to complete the Recommendation Letter Request Form with requested information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by the Evaluator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

The Applicant named above is requesting that you complete this form on their behalf as part of their Scholarship Application with Integrated Community Solutions. It should be returned to the Applicant to submit with their completed application, which is due to our office by May 31, 2024.

Please put an X in the box corresponding to the rating you want to provide for each entry and use the Notes to provide supporting comments:

|                           | Highly Recommend | Recommend | Recommend with Reservations | Do Not Recommend |
|---------------------------|------------------|-----------|-----------------------------|------------------|
| Motivation                |                  |           |                             |                  |
| Attendance                |                  |           |                             |                  |
| Dependability/Work Habits |                  |           |                             |                  |
| Attitude/Cooperation      |                  |           |                             |                  |
| Leadership                |                  |           |                             |                  |
| Potential for Success     |                  |           |                             |                  |

**NOTES:** (Attach a separate page if additional room is needed.)

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Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_