



The John Lepping Memorial Scholarship: *Disabled Youth*

The John Lepping Memorial Scholarship has been designed by the Lep Foundation for Youth Education (a public charity that provides financial assistance to Tri-State students seeking to further their education).

Purpose

The Scholarship will be awarded to qualified youngsters seeking to further their education by attending college. The amount of the scholarship is up to \$5,000. At least four scholarships will be awarded in 2017.

John Lepping was extremely proud of disabled students who mustered the courage and determination to finish their college education despite their setbacks. This scholarship will help to deter the costs of college for disabled individuals who may not have the resources due to overwhelming medical costs.

Eligibility

Including, but not limited to physical conditions (spinal cord injury, loss of limb, birth defects, etc.) and psychological conditions (autism, post-traumatic stress etc.). Scholarship recipients must be able to provide proof of disability with letter of confirmation by a physician. Proof required after award notification. Do not submit with application.

Applicant must reside in New York, New Jersey or Pennsylvania.

Criteria

The recipient must demonstrate academic achievement through evidence of working to one's potential, demonstrate eligibility in one of 3 categories outlined above and be accepted for admission at an institution of higher education, e.g. college, community college, university or vocational school. All grades must be substantiated by official documentation.

Submission Materials

All applicants must submit an application including a separate document providing a description of your condition and how it is a financial issue/challenge to you and your family, and a statement on your goals, ambitions for the future, applicants must also provide transcript of grades and three (3) letters of recommendation from non-family members, and a completed Federal Student Aid form (FAFSA). **All listed submission materials and application information must be included in order for application to be reviewed. Please, no stapled pages.**

Deadline

Submission materials must be mailed or e-mailed no later than May 1, 2017 to: Lep Foundation Scholarship Selection Committee, 9 Whispering Spring Drive, Millstone Twp., NJ 08510, email applications to lepfoundation@aol.com Please include application and all required attachments. E-mail applications must include digital copies of all required submission materials. Due to the high volume of applicants, only award recipients will be notified.

All checks are paid to the school directly; under no circumstances can we make payment directly to the student. Scholarship awards may be used for cost of attendance expenses. In order to receive payment, a student must have the school send to our offices the completed Verification of Enrollment form, where upon we will issue a check, payable to the school, and mail it directly to the school to establish a credit in the name of the student. The student will be notified when the check is mailed.

It is the responsibility of the student to follow up on all matters relating to his or her scholarship award.

**Lep Foundation Scholarship Selection Committee
9 Whispering Spring Drive
Millstone Twp., NJ 08510**



The John Lepping Memorial Scholarship

APPLICATION

Name:
Address:
Phone:
Email:
Date of Birth:
High School and Town:
Grade Point Average:
Colleges to which you have applied/been accepted:
School Activities:
Community Activities:
Employment Experience:

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- I. Using a separate piece of paper, briefly state your career goals and ambitions for the future.
- II. Using a separate piece of paper, write or type a 500 word essay describing why you feel you are the best candidate for this award.

Financial Need Report

Father's/Guardian's Name:	
Address:	
Place of Employment:	
2016 Income (Proof of income may be requested)	
Mother's/Guardian's Name:	
Address:	
Place of Employment:	
2016 Income: (Proof of income may be requested)	
Other Income (such as child support payments)	
Other Awards/Income Received by Applicant	
Signature of Father/Guardian	Date
Signature of Mother/Guardian	Date

I agree that all the aforementioned information submitted on this application to The Lep Foundation is correct and truthful to the best of my knowledge. I am also aware that if any of the information is found to be incorrect or untruthful, my application will be withdrawn for consideration and I will not be eligible to receive an award. By signing this application, the applicant releases the use of his/her name and pictures if he/she is selected an award recipient.

Signature of Applicant

Date

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