

COMMUNITY ACTION PROGRAM, INC. OF WESTERN INDIANA

JOAN E. CLINE MEMORIAL SCHOLARSHIP

GUIDELINES

Community Action Program, Inc. of Western Indiana (CAPWI) is committed to supporting young adults in pursuing higher education. This scholarship honors students who demonstrate integrity, courage, and ideals that show promise of future service and productivity in their communities. One scholarship will be awarded per year.

ELIGIBILITY

- Must reside in Benton, Fountain, Montgomery, Parke, Vermillion, or Warren counties
- Preference for low to moderate income families ($\leq 150\%$ Federal Poverty Guidelines)
- Graduating seniors pursuing a 4-year degree, 2-year degree, or trade/technical certification (must be an accredited school or university)
- Applicants related to CAPWI staff or board members may apply

APPLICATION PROCESS/CHECKLIST

Applicants must submit the following documents to the CAPWI Central Office by the close of business on March 2, 2026:

- Completed Application Form
- Official high school transcript
- Letter of recommendation from a high school teacher
- One personal letter of recommendation
- Copies of household W-2 forms for 2025 as proof of income
- Essay (max 250 words, 12-point font) describing an obstacle overcome by the applicant (personal, academic, medical, etc.) and lessons learned from the experience

All completed applications and required documents must be emailed to jpettit@capwi.org or mailed by the deadline above:

Community Action Program, Inc. of Western Indiana
Attn: Julie Pettit
418 Washington Street
P.O. Box 188
Covington, IN 47932

SELECTION PROCESS

- No applicant will be discriminated against due to race, age, color, sex, religion, disability, national origin, familial status, ancestry, or any other bias that may be prohibited by Federal Law
- Applications are reviewed anonymously by a CAPWI Scholarship Committee using a scoring system
- The recipient will be notified by phone or in writing by April 1, 2026
- The recipient will be invited to attend CAPWI's Annual Meeting: photos will be published

AWARD DETAILS

- \$1,000 per year, up to 4 years
- Minimum of 12 credit hours per semester or full-time equivalency
- Must carry a 2.5 grade point average (GPA) to be eligible to receive the award for the next year
- Funds are paid directly to the recipient (\$500 per semester)
- To receive each semester's payment, the recipient must submit a letter requesting the funds, proof of enrollment, and GPA

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APPLICATION FORM

HIGH SCHOOL ATTENDING: _____

APPLICANT INFORMATION

Name: _____

Phone Number: _____ Date of Birth: ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Is your mailing address different from your home address? Yes No

If yes, please provide your mailing address below:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent / Guardian Name(s): _____

Relationship to Applicant: _____

Number of Family Members Residing in the Household: _____

HIGHER EDUCATION INFORMATION

College/University/Trade Association: _____

Proposed Course of Study: _____

SERVICES RECEIVED

Please indicate any CAPWI or other low-income assistance programs your family has received (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Head Start / Early Head Start | <input type="checkbox"/> Owner Occupied Rehab |
| <input type="checkbox"/> Childcare Vouchers | <input type="checkbox"/> Small Business Loan |
| <input type="checkbox"/> WIC (Women, Infants, and Children) | <input type="checkbox"/> Individual Development Account |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Employment and Training/WorkOne |
| <input type="checkbox"/> Food Assistance / SNAP | <input type="checkbox"/> Senior Services: MAC Van, Senior Center, Homemakers, Ramp |
| <input type="checkbox"/> Energy Assistance Program | <input type="checkbox"/> Indiana Health Coverage Program: Healthy Indiana Plan, Hoosier Healthwise, Medicaid, Medicare |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rental Housing or Section 8 | |
| <input type="checkbox"/> Housing Stability Counseling | |
| <input type="checkbox"/> Foreclosure Counseling | |

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APPLICATION FORM

SPECIAL CONSIDERATIONS/EXTENUATING CIRCUMSTANCES

CAPWI provides services to support families and communities by promoting self-sufficiency, improving living conditions, and strengthening support systems. Explain how this scholarship would benefit your family (for example, large medical expenses, housing instability, loss of income, single-parent household, etc.)

EXTRACURRICULAR ACTIVITIES

List up to five extracurricular activities you participate in.

1.

2.

3.

4.

5.

COMMUNITY VOLUNTEER ACTIVITIES

List up to 5 community volunteer activities or services you participate in.

1.

2.

3.

4.

5.

CONSENT & AGREEMENT

By signing below, you confirm the information provided is true and accurate to the best of your knowledge and consent to the release of applicant photos or information for use in agency publications, newsletters, social media, or local media if awarded this scholarship.

Student Signature: _____ Date: / /

Parent/Guardian Signature: _____ Date: / /