**Martin & Winifred Ehlers**

**Student Loan Fund**

2025 Application

**The application submitted must include ALL required information to be considered for this scholarship.**

MARTIN AND WINIFRED EHLERS STUDENT FUND

(A Division of Redwood Area Communities Foundation)

200 S. Mill Street, PO Box 481

Redwood Falls, Minnesota 56283

Phone: 507-637-4004 E-Mail: programs@radc.org

**APPLICATION PROCEDURES CHECKLIST**

**Incomplete applications will not be considered for funding. Application deadline is Monday, May 5, 2025**.

|  |  |
| --- | --- |
| [http://images.clipartpanda.com/checklist-clipart-yjcxeaiE8.jpeg](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://imgarcade.com/1/checklist-clip-art/&ei=44yQVOHuEY75yQSuioG4DA&bvm=bv.81828268,d.aWw&psig=AFQjCNEZWy8rDLTQIOqPB1258R-Dqx_gtg&ust=1418845759811426) | The following are required application materials: |
|  | 1.      **The signed application form:** The maximum loan amount that can be received during any one school year is $7,000 per student. This is a competitive student loan program. Loan amount may be determined by availability of funds. |
|  | 2.     **Transcript/s:** **For high school graduates:** Submit a high school transcript through your last completed semester as of application deadline. **For post high school students:** First year post high school students submit a transcript of your high school gradesand a transcript of your post high school grades through your last completed semester as of application date. All other post high school students should submit a transcript of your post high school grades only. Transcripts can be student copies, they do not need to be official copies. |
|  | 3.     **One Reference:** It is preferred that the recommendation come from an academic teacher who has had the student in class within the past eighteen months, however, a reference from an employer or other adult who is not a relative will be accepted. The Reference Form should be completed by the reference and sent directly to the Martin and Winifred Ehlers Student Fund by the reference. **It is the student’s responsibility to make sure that the reference has been submitted by the due date.** |
|  | 4.      **1040 Tax Form:** A photocopy, signed by your parents, of the first and second page of your parents’ IRS Form 1040 for 2024 must accompany the application (or 2023 if 2024 1040 not available). |
|  | 5. **$30 Application Fee:** Payable to the Ehlers Student Fund. Complete the ACH authorization form for electronic payment or pay via check. |
|  | 6. All applications should be sent to the Martin and Winifred Ehlers Student Loan Fund at:  **Redwood Area Development Corporation**  **200 S. Mill Street**  **PO Box 481**  **Redwood Falls, MN 56283** |

Loan awards for the 2025-2026 School Year will be announced by **July 1, 2025**. In order to receive the funds for the freshman year, the student must provide proof of enrollment. In order to receive funds in successive years, the student must take a course of study to complete the post high school degree within the time frame recommended by the college, trade school or vocational school. In all cases proof of enrollment must be available to the Board of Managers upon request.

**CRITERIA FOR LOANS**

Interest-free student loans will be granted by the Fund to those individuals who have graduated from Redwood County high schools who plan to continue their education by attending college, vocational school or trade school. Applications for loans will be accepted from individuals living in Redwood County or attending school in Redwood County. Loans will be made on the basis of need, character and academic ability, at the discretion of the Ehlers Board. **This is a 0% interest loan that you may reapply for throughout your years of higher education.**

**APPLICATION FEES**

In addition to the $30 application fee due upon application payable to the Ehlers Student Fund, a $100 administration fee payable to the Ehlers Student Fund will be due and payable upon entering into a Repayment Agreement prior to receiving funds. Fees are utilized to help off-set administration expenses.

MARTIN AND WINIFRED EHLERS STUDENT FUND

(A Division of Redwood Area Communities Foundation)

200 S. Mill Street, PO Box 481

Redwood Falls, Minnesota 56283

Phone: 507-637-4004 E-Mail: programs@radc.org

**APPLICATION FORM**

1. Name:

2. Address:

3. County:

4. Student Cell Phone Number: Parent’s Cell Phone:

5. Student Email:

6. Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. High School:

8. High School Phone Number:

9. In the Fall 2025 you will be (check one):  Freshman Sophomore  Junior Senior

Graduate Student

(Check one):  Full-time student Part-time student

10. Expected date of college graduation:

11. College Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. College, Technical School or Trade School that you are planning to attend: (Include City and State)

13. Course of Study Being Considered:

14. Awards:

15. Extra-Curricular Activities/Community Service:

16. Interest/Hobbies:

17. Is there anything that you would like to add regarding this application?

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

18. Please fill in projected expenses for the 2025 - 2026 school year:

**Expenses** Amount

Tuition $

Room & Board $

Books & College Incidentals $

Car Expenses $

Miscellaneous Living Expenses $

Please detail: $

$

$

TOTAL EXPENSES: $

**Income**

Current Personal Savings $

Loans or Financial Assistance from Parents $

Other loans, Grants & Scholarships (Please itemize) $

$

$

Projected Income from part-time or full-time employment:

Name of Employer Type of Work

$

$

Other Revenues: $

$

TOTAL INCOME: (*Revenue, Savings, Loans, Scholarships, and Parental Assistance*) $

**Indicate the loan amount you are requesting from**

**the Martin & Winifred Ehlers Student Fund:** $

(Maximum loan amount is $7,000 per school year)

If your parents are providing post-high school education financial assistance

to any of your brothers or sisters, or if you have a sibling in college that isn’t receiving financial assistance from parents, please list them and indicate the amount of assistance provided to each:

Name Amount $

Name Amount $

Signature of Applicant Date

REFERENCE FORM

MARTIN & WINIFRED EHLERS STUDENT FUND

has applied to the Martin and Winifred Ehlers Student Fund for an interest free Student Loan. Please complete and return this form by May 5, 2025) so his/her application can be acted upon. Form may be completed in Word Document with answers to each question.

1. How long have you known the applicant and in what capacity?

2. How do you assess the character and personality of the applicant? Give attention to achievement, judgment, maturity, reliability and leadership?

3. What is your evaluation of the applicant’s academic ability?

4. Are there unique factors that make the applicant especially worthy of receiving financial support?

5. Additional comments. (Please use the back side of page if additional space is needed).

----------------------------------------

(Attach additional pages as necessary)

Signed Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Telephone Number

Return Mailing Address: Martin & Winifred Ehlers Student Fund

c/o RADC

200 S. Mill Street, PO Box 481

Redwood Falls, MN 56283

Email: [programs@radc.org](mailto:programs@radc.org) (must include complete name, title, & contact information ---- followed by mailed copy containing signature.) Signed reference form may be scanned and emailed.