The John Lepping Memorial Scholarship: *Disabled Students*

The John Lepping Memorial Scholarship has been designed by the Lep Foundation for Youth Education (a public charity that provides financial assistance to students residing in NY, N J or PA seeking to further their education).

Purpose

The Scholarship will be awarded to qualified students seeking to further their education by attending college. The amount of the scholarship is up to $5,000.

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 be a permanent resident of 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 items must be submitted to be considered eligible

***All applicants must submit a one-page essay providing a description of your condition and how it is a financial issue/challenge to you and your family. Include information regarding your goals and future ambitions. Provide a copy of school transcript and three (3) letters of recommendation from non-family members*. All listed submission materials and application information must be received for the application to be reviewed. and DOC format only, no JPGS.**

Deadline

Submission materials must be e-mailed no later than May 1, 2026 to: thelepfoundation@gmail.com. **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.

Deferral Clause: Failure to Attend School in the Next Academic Year

In the event that the scholarship recipient fails to attend school during the upcoming academic year, the scholarship may be deferred for no longer than a period of 2 years from the date of award. Consequences of Deferral: Upon determination of deferral, the Lep Foundation reserves the right to take the following actions: 1. Termination of Scholarship: The scholarship may be terminated, and all future disbursements suspended. 2. Reallocation of Funds: Funds allocated to the defaulting recipient may be reallocated to an alternate eligible candidate. Eligibility for Re-application for future Scholarships: Any scholarship recipient, whose deferred scholarship is terminated or reallocated, may reapply for subsequent years' scholarships upon notice to the Lep Foundation. The Lep Foundation will consider the candidate's prior application without requiring the candidate to re-submit a new scholarship application. If further information is needed by the Lep Foundation from the candidate, they will be contacted.

The John Lepping Memorial Scholarship

APPLICATION

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

Lep Foundation Scholarship Selection Committee
PO Box 299
Millstone Twp., NJ

The John Lepping Memorial Scholarship

Financial Need Report

All fields must be completed to be eligible, please use N/A if not applicable. If student is independent, please state current income (proof will be requested).

Father's/Guardian's Name:
Address:
Place of Employment:
2025 Income - If left blank without explanation, application will not be considered. (Proof of income will be required if scholarship is awarded): _____
Mother's/Guardian's Name:
Address:
Place of Employment:
2025 Income - If left blank without explanation, application will not be considered. (Proof of income will be required if scholarship is awarded): _____
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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