



LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

SECTION 1

VIRGIL L. AND FLORENCE E. HARDIN MEMORIAL SCHOLARSHIP

BACKGROUND:

Before their separate passing, in, respectively, 1996 and 2000, Virgil and Florence Hardin had shared 54 years of marriage and a profound commitment through their careers and their philanthropic work to LaGrange County. With that same sense of commitment, this memorial scholarship was established to support individuals pursuing a career in the health care field.

SCHOLARSHIP SPECIFIC QUALIFIERS:

1. **Must submit application by deadline.**
2. Must be a resident of LaGrange County.
3. Must be a graduating high school senior, a high school graduate or a LaGrange County resident who has completed a GED. This scholarship is open to home school seniors and graduates.
4. Must have experience and/or internship in the health care field
5. Must plan full-time enrollment in an accredited two or four-year college, university or trade school in the health care field.
6. Must be pursuing a career in the health care field.

EMPHASIZED SELECTION CRITERIA:

1. Financial need

ESSAY REQUIREMENT - 500 WORDS OR LESS USING 12-POINT FONT, ONE PAGE MAXIMUM:

Describe your service in the health care field.

SECTION 2

SCHOLARSHIP APPLICATION INSTRUCTIONS

Applicants are encouraged to work closely with school officials and parents as they prepare and submit their scholarship applications. However, it is the individual applicant's responsibility to make sure that:

1. Every information requirement in every section of the application is completely met;
2. All required sections are included with each application in the order specified;
3. Completed applications are turned in to the community foundation by the application deadline.

Before submission, staple the application together at the upper left hand corner.

APPLICATION SECTIONS AND ORDER

Completed Section

- 1. Title Page**
Must be specific to the scholarship being applied for
- 2. Application Instructions and Checklist**
Please check off each section as you assemble your application
- 3 Applicant's Family, Educational Plans, Finances and Support System**
This completed section may be copied and used for several different applications.
- 4. Applicant's Personal Information and Work History**
This completed section may be copied and used for several different scholarships. You may add an additional sheet if more space is needed.
- 5. Essay - if required, see Section 1**
This is scholarship specific – see title page for essay subject and details
Identify with social security number only – do not use your name in the essay.
- 6. Transcript**
Must be an original, official transcript from your school
- 7. Applicant's Agreement**
This scholarship specific agreement must include original signatures.

Note:

1. Applicants may be required to submit a copy of income tax forms or a filed FAFSA form to enable a LCCF staff member to substantiate income amounts stated in Section 3.
2. Scholarship recipients may be requested to submit to the community foundation a digital or professional quality hard copy photo of themselves for use in press releases, newsletters or other publications related to community foundation business.
3. Scholarship recipients may be requested to have their photos taken by community foundation staff for use in press releases, newsletters or other publications related to community foundation business.

Last four digits of Social Security Number ___ _ _ _

SECTION 3

FAMILY OVERVIEW

Parents' marital status (check one): Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Father's Occupation _____ Employer _____ Length of Employment _____

Mother's Occupation _____ Employer _____ Length of Employment _____

Number of family members living in your household: _____

Ages of brothers & sisters, stepbrothers & stepsisters currently living in your home: _____

Are you the first generation of your family to attend a college or technical school? Yes ___ No ___

Number of college/technical school students in your family next year (not including you) _____

Relationship	Yr. in school	Full/Part-time?	School	Amount of Aid Rec'd
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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EDUCATIONAL PLANS

Statement of career and educational goals: _____

Anticipated major: _____

FINANCIAL OVERVIEW

Are you a participant in the Twenty-first Century Scholar program? Yes No

Name and source of other scholarships for which you have applied:	Amount
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_____	_____
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_____	_____
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_____	_____
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Parents'/Guardians' combined gross income for the most recent tax year _____

(Include income of both parents plus stepparent's income if you live in home with him/her.)

Parents' estimated contribution to college expenses _____

Special financial needs or circumstances (examples - family illness, job loss or unplanned debt) _____

SUPPORT SYSTEM

Please describe in a few sentences the support system which you believe will enable you to be successful in pursuing a college degree including people you can rely on to encourage you when you face difficulties.

Last four digits of Social Security Number _ _ _ _

SECTION 4

PERSONAL INFORMATION

School activity/club/ group/sport	Dates	Leadership Role	Signature of Adult Supervisor or Sponsor

Community/Volunteer Service/Activity	Dates	Signature of Adult Supervisor or Sponsor

Honors/Awards/Recognition	Dates

WORK HISTORY

(Please list paid work experience in the past four years beginning with the most recent position.)

Employer & Address	Nature of Work	Employment Date	Hours per week



Last four digits of Social Security Number _____

High School _____

SECTION 7
SCHOLARSHIP APPLICANT'S AGREEMENT

Scholarship Applied For _____

First Name _____ Middle Initial _____ Last Name _____

Residence (legal guardian's address) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Are you a legal resident of LaGrange Co.? Yes No Are you a citizen of the U. S. A.? Yes No

Father's Full Name: _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Mother's Full Name: _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Guardian's Full Name (if applicable) _____ Telephone _____

Colleges to which you have applied (Please list date applied and whether accepted)

I certify that all information provided in every part of the applicant's agreement is accurate and I realize that falsification of information may result in termination of the scholarship.

- I am not an immediate family member of a current LaGrange County Community Foundation, Inc. board member, employee, or scholarship committee member as described below:
Relatives of the LaGrange County Community Foundation, Inc. Board of Directors and its employees who have served during the past 2 years, and persons on the current scholarship committee are not eligible for the LaGrange County Community Foundation Scholarship program. Relative shall be defined as follows: A child, stepchild, grandchild, step-grandchild, great grandchild, step-great grandchild, spouse, brother, sister, brother-in-law, or sister-in-law. Spouses of everyone listed previously are also ineligible. Any other relative of the foregoing parties (i.e. nephew, niece, etc.) is eligible to receive a scholarship through the LaGrange County Community Foundation Scholarship program.
- I authorize the school personnel and/or individuals to provide data or information about me as part of this applicant's agreement directly to the LaGrange County Community Foundation and waive the right to review any such submissions.
- LaGrange County Community Foundation, Inc. has my permission to use my photograph and general (non-financial) information in the applicant's agreement for publicity purposes.
- I intend to pursue the educational program indicated in this applicant's agreement.

Applicant's Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____