



# LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

## SECTION 1

### 2012 LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

#### AWARD:

1. One award for full tuition for four years plus a stipend for required books and equipment
2. Room and board is not included.
3. First payment (and all successive tuition payments) will be made after the recipient completes and submits a (provided) scholarship voucher along with confirmation of full-time enrollment in an accredited four-year college or university.
4. Renewal requires that the recipient in each semester submit all required documentation including, but not limited to, confirmation of full-time enrollment in a four-year college or university for the new school year.
5. Recipients agree to annually participate in academic and career tracking during college and for a full ten years after college graduation.
6. All awards are subject to LaGrange County Community Foundation (LCCF) Board of Directors and Lilly Endowment, Inc. approval.

#### BACKGROUND:

The Lilly Endowment Community Scholarship Program (LECSP) was designed to increase the level of educational attainment in Indiana and to leverage further the ability of Indiana's community foundations to enhance the quality of life of the state's residents.

#### SCHOLARSHIP SPECIFIC QUALIFIERS:

1. **Applicant** must deliver a completed 2012 application for this scholarship, **including but not limited to the applicant's required essay, official high school transcript and copy of a letter of acceptance from a minimum of one Indiana four-year college or university**, to the LCCF offices by end of business day Friday, January 20, 2012;
2. Must be a graduating senior from an accredited LaGrange County public or private school. 21<sup>st</sup> Century Scholars and home school students are not eligible for this scholarship;
3. Must be a LaGrange County resident and a citizen of the United States of America;
4. Must plan to complete a full-time baccalaureate course of study at an Indiana college or university;
5. Must have taken a minimum of one full battery of Scholastic Aptitude Tests (SAT) including **critical reading, math and writing**. Multiple test efforts are encouraged as a **best composite score** will be constructed from those recorded efforts. **Only those SAT scores recorded on the applicant's official high school transcript and submitted with the application will be considered.**
6. **Application** must include validated evidence of community service – see Section 4.
7. **Certain relatives** of the LCCF Board of Directors and its employees, who have served within the past two years, and of persons on the current scholarship committee, are not eligible. See the Applicant Agreement, Section 7 of the application, for complete details.

Please note: Some information required on this application will not be used in the selection process for this scholarship, but will be used for tracking demographic trends among all applicants.

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

Respond to the question, **“How has your volunteer work in community service helped to improve the quality of life for other LaGrange County citizens and helped to prepare you for the future challenges of college and career?”**

## 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
<input type="checkbox"/>	<b>1. Title Page</b> Must be <u>specific to the scholarship being applied for</u>
<input type="checkbox"/>	<b>2. Application Instructions and Checklist</b> Please <u>check off each section</u> as you assemble your application
<input type="checkbox"/>	<b>3 Applicant's Family, Educational Plans, Finances and Support System</b> This completed section <u>may be copied</u> and used for several different applications.
<input type="checkbox"/>	<b>4. Applicant's Personal Information and Work History</b> This completed section <u>may be copied</u> and used for several different scholarships. You may add an additional sheet if more space is needed.
<input type="checkbox"/>	<b>5. A. Required Essay</b> <b>B. Letter of Acceptance (copy) from a Four-year Indiana College or University</b>
<input type="checkbox"/>	<b>6. Transcript including your SAT scores and GPA</b> Must be an <u>original, official transcript</u> from your school
<input type="checkbox"/>	<b>7. Applicant's Agreement</b> This <u>scholarship specific agreement</u> must include <u>original signatures</u> .

Note:

1. 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.
2. 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' current marital status (✓ one): Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years of Employment \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years of Employment \_\_\_\_\_

Number of family members living in your household: \_\_\_\_\_

Ages of brothers, sisters, stepbrothers and stepsisters currently living with you in your home: \_\_\_\_\_

Are you the first generation of family members to attend a college or technical school? Yes \_\_\_ No \_\_\_

Number of college or technical school students in your family next year (not including yourself) \_\_\_\_\_

Relationship	Year in school	Full/Part-time	School	Amount of Aid Rec'd
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_____	_____	_____	_____	_____
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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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Parents'/Guardians' combined gross income for the most recent tax year \_\_\_\_\_

(The above figure should include income of both parents plus step- parent's income if you live in the 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**

**LILLY ENDOWMENT COMMUNITY SCHOLARSHIP**

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 County?  Yes  No

Are you a citizen of the United States of America?  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 agree to the following conditions if selected as a Lilly Endowment Community Scholar:**

- I am qualified to participate in the Lilly Endowment Community Scholarship program as stated in scholarship criteria.

**Relatives of the LaGrange County Community Foundation, Inc. Board of Directors and its employees, who have served during the past 2 years and of persons on the current scholarship committee, are not eligible for the Lilly Endowment Community 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.**

- If I receive this scholarship it is my intent to pursue four years of undergraduate study on a full-time basis leading to a baccalaureate degree at an Indiana College.

(Continued on page 2)

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- I understand that the total amount of my scholarship is calculated on the basis of my chosen college's tuition and required fees beginning with the 2012 – 2013 school year.
- To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward immediately to the LaGrange County Community Foundation all invoices received for tuition and any eligible fees that may be covered by my scholarship.
- I will account for and return to Independent Colleges of Indiana any amount of the special allocation for required books and required equipment remaining at the end of each school year.
- I agree to notify Independent Colleges of Indiana of any scholarship awards I may receive for tuition or required fees from a source other than the Lilly Endowment Community Scholarship.
- I will keep the LaGrange County Community Foundation apprised annually by June 1 of my enrollment and academic status during college, by completing and returning any surveys or forms as may be provided by the community foundation.
- Upon graduation, I will keep the LaGrange County Community Foundation apprised annually by June 1 of my education and/or employment status for at least 10 years after graduation, by completing and returning an alumni survey or other form as may be provided by the community foundation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date