



# LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

## SECTION I

### JAMES F. KALB MEMORIAL SCHOLARSHIP

#### AWARD:

1. \$1000
2. Renewable award beginning with the fall enrollment period following high school graduation and continuing for a maximum of four successive years at the baccalaureate level
3. First payment will be made after the recipient completes and submits a (provided) scholarship voucher along with confirmation of full-time enrollment in an accredited two or four-year college or university
4. Payment is for tuition, books and required fees only. Room and board is not included.
5. Payment will be made directly to the school.
6. Renewal requires that the recipient annually requests and submits a (1.) scholarship voucher, (2.) copy of the completed year's transcript and (3.) confirmation of enrollment in a two or four-year college, university or trade school for the new school year. See our website at [www.lccf.net](http://www.lccf.net) for voucher submission deadline.
7. All awards are subject to Board of Directors approval

#### Background:

Mrs. Susan Kalb Yoder established the James F. Kalb Memorial Scholarship in 2000 to honor her late husband and his enduring admiration of those students within the Westview school system who tried their very best in academic work, in extracurricular activities and in citizenship.

#### Scholarship specific qualifiers:

1. **Must submit application by deadline. See our website at [www.lccf.net](http://www.lccf.net) for application deadline.**
2. Must be a graduating senior from Westview High School
3. Must plan to study full time at a two or four-year accredited college or university
4. Must have participated in extracurricular activities during senior year
5. Must be willing to participate in an interview if invited

#### Emphasized Selection Criteria:

1. Outstanding effort in extracurricular activities during senior year
2. Demonstrated good citizenship
3. Financial need may be considered

#### Essay requirement – 500 words or less using 12-point font, one page maximum:

Respond to the question, “Why should the LaGrange County Community Foundation choose you as the recipient for this scholarship?”

Last four digits of Social Security Number \_\_\_\_\_

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

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' current 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 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____
_____	_____
_____	_____

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

Scholarship Applied For \_\_\_\_\_

LAGRANGE COUNTY COMMUNITY FOUNDATION

109 E. Central Avenue, Suite 3, LaGrange, IN 46761 Phone: (260) 463-4363

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Residence (legal guardian's address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ 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?  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 Guardians's Signature

Date