

Last four digits of Social Security Number _____



LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

VIRGIL L. AND FLORENCE E. HARDIN MEMORIAL SCHOLARSHIP

AWARD:

1. \$500
2. One-time payment for the fall enrollment
3. Payment is for tuition, books and required fees only. Room and board is not included.
4. Payment will be made directly to the school 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 in the health care field. See our website at www.lccf.net for voucher submission deadline.
5. All awards are subject to Board of Directors approval.

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.** See our website at www.lccf.net for application 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 be pursuing a career in the health care field.
5. Must have experience and/or internship 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.

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

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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 |
|--------------|----------------|-----------------|--------|---------------------|
|--------------|----------------|-----------------|--------|---------------------|

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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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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.

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SECTION 4

PERSONAL INFORMATION

| School activity/club/ group/sport | Dates | Leadership Role | Signature of Adult Supervisor or Sponsor |
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| Community/Volunteer Service/Activity | Dates | Signature of Adult Supervisor or Sponsor |
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| Honors/Awards/Recognition | Dates |
|---------------------------|-------|
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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 |
|--------------------|----------------|--------------------|----------------|
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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