



LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

SECTION 1

2018 LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

AWARD:

- One award for full tuition for four years plus a \$900 stipend for required books and equipment.
- Room and board is not included.
- First payment (and all successive tuition payments) will be made after the recipient forwards to the Foundation all invoices for tuition and eligible fees at an accredited four-year Indiana college or university.
- 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.
- Recipients agree to annually participate in academic and career tracking during college and for a full ten years after college graduation.
- All awards are subject to LaGrange County Community Foundation Board of Directors and Independent Colleges of Indiana 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 submit a completed 2018 application for this scholarship, including the required essays, official high school transcript, references and recommendation forms to the LCCF office by the end of the business day **Thursday, September 14, 2017, at 5 p.m.**
2. Must be a graduating senior from an accredited LaGrange County public or private school and receive a diploma by June 30, 2018. Home school students are not eligible to apply.
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 the SAT at least once. Multiple test efforts are encouraged as a best composite score will be constructed from the Evidence-Based Reading and Writing and Math scores. *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 Lilly Endowment Scholarship Committee, are not eligible.

ESSAY REQUIREMENT – In **500 words** or less per essay and using **12-point Times New Roman** font respond to the questions below. Both essays should be single-spaced. Do not exceed two pages.

1: The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?

2: Describe a topic, idea, or concept you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?

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; and
3. Completed applications are submitted 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
<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 Include your personal statement of career goals.
<input type="checkbox"/>	4. Applicant's Personal Information and Work History You may add an additional sheet if more space is needed.
<input type="checkbox"/>	5. Required Essays See title page for essay subjects and details. Identify with social security number only – do not use your name in the essay. List the last four digits of your social security number in the upper right hand corner.
<input type="checkbox"/>	6. References Must list two (2) references and provide each with a recommendation form.
<input type="checkbox"/>	7. Official High School Transcript Must be an original, official transcript from your high school guidance office. Only those SAT scores recorded on the transcript will be considered.
<input type="checkbox"/>	8. Applicant's Agreement The scholarship agreement must include original signatures.

Notes:

1. Applicants may be required to submit a copy of income tax forms 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.
4. 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.

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 and Extracurricular Activities: You can list athletics, music groups, drama, clubs, Student Council, National Honor Society. The supervisor, coach or sponsor for the activity must sign in the right-hand column. Do not include activities for which you are receiving credits.

School Activities	Dates	Leadership Role/Position	Signature of Adult Supervisor or Sponsor

Community Activities and Service to Others: This is the category for service projects (church youth groups, 4-H clubs, volunteer activities, etc.) outside of school. The supervisor or sponsor for the activity must sign in the right-hand column.

Community Activities and Service to Others	Dates	Leadership Role/Position	Signature of Adult Supervisor or Sponsor

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

Honors and Awards	Dates

Last four digits of Social Security Number _____

SECTION 6

REFERENCES

List two (2) references below and give each a copy of the recommendation form (found at the end of the application). Do not list relatives.

Name	Address	Phone	Occupation

Applicants should consider providing references with a stamped envelope addressed to the LaGrange County Community Foundation 109 E. Central Ave., Suite 3, LaGrange, IN 46761. The recommendation form must reach us no later than **Thursday, September 14, 2017 at 5:00 p.m.**

It is the responsibility of the applicant to make sure that your references have been submitted to the LaGrange County Community Foundation before the deadline date.



Last four digits of Social Security Number _____

High School _____

**SECTION 8
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 or plan to apply (Please list date applied, if applicable)

I certify that all information provided in every part of the application and 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 the scholarship criteria and below:

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 Lilly Endowment 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 the Lilly Endowment Community Scholarship administered by 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.

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- I understand that the total maximum amount of my scholarship is calculated on the basis of my chosen college's tuition and required fees beginning with the 2018 – 19 school year.
- To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward to the LaGrange County Community Foundation immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship.
- I will account for the amount of the special allocation spent for required books and required equipment with official receipts and other documentation. I will return to Independent Colleges of Indiana any amount of the special allocation 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 forms as may be provided by the community foundation.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

