



LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

SECTION I

LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

AWARD:

1. Full tuition for four years. Includes 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. **See our website at www.lccf.net for voucher submission deadline.**
4. Renewal requires that the recipient annually submits all LECSP required documentation -including but not limited to confirmation of full-time enrollment in a four-year college, university for the new school year
5. Recipients agree to participate in academic and career tracking for a full ten years
6. All awards are subject to LCCF Board of Directors and Lilly Endowment, Inc. approval

BACKGROUND:

The Lilly Endowment Community Scholarship program was designed to increase the level of educational awareness in Indiana. Lilly Endowment, Inc. is a private philanthropic foundation founded in 1937 by the Lilly family through gifts of stock from their pharmaceutical company. The scholarship includes full tuition for four years and an annual book stipend. Two scholarships are awarded within the county.

SCHOLARSHIP SPECIFIC QUALIFIERS:

1. Applicants must deliver a completed application, with all supporting documents attached, to the LaGrange County Community Foundation offices by deadline. **Must submit application by deadline. See our website at www.lccf.net for application deadline.**
2. Must be a graduating senior (no later than the end of June, 2007) from a LaGrange County public or private high school and must have attended the same high school for the entire senior year
3. Student and custodial parents must reside permanently in LaGrange County, Indiana. Student must be a legal citizen of the United States of America
4. Must have applied to or been accepted to pursue a full- time baccalaureate course of study at an accredited public or private college or university in Indiana by March 31, 2007
5. Must have maintained a high school GPA of 3.0 on a scale of 4.0
6. Must be willing to come to an interview as requested by the scholarship selection committee
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, for details.

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 a Lilly Community Endowment Scholarship recipient?"

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
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- | | |
|--------------------------|---|
| <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 FASA 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
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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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_____	_____
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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

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 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)

Last four digits of Social Security Number _____

(Continued from page 1)

- ☐ 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 2008 – 2009 school year.
- ☐ To assist with the processing of my scholarship payments each semester or quarter, 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