



## **LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION**

### **SECTION 1**

### **CULP MEMORIAL SCHOLARSHIP**

#### **BACKGROUND:**

Businessman Ray E. Culp is best known for owning and operating Culp Motor Sales in LaGrange from 1938 – 1979. A veteran of World War Two, he was a member of many community organizations including American Legion Post 215 and the LaGrange Shrine Club. Mr. Culp was instrumental in the founding of what is now the Herron Country Club. In 1981, he was named Corn School Citizen of the Year. Mr. Culp married Ruth Sutton in 1935. She preceded him in death in 1988. Ray Culp passed in 2010.

This scholarship was created in recognition of Mr. Culp's profound commitment to professional health care and a special interest in supporting students with a strong academic track record and demonstrated financial need.

#### **SCHOLARSHIP SPECIFIC QUALIFIERS:**

- 1. Must submit application by deadline.**
2. Must be a graduating senior from a LaGrange County Public, Private or Home School.
3. Must be a LaGrange County resident.
4. Must be planning to enroll in an accredited two or four-year college, university or vocational school.
5. Must have participated in a professional health care training program as documented on the applicant's official high school transcript.
6. Must have a documented GPA of at least 3.0 on a 4.0 scale.
7. Gross family income may not exceed 2012 – 2013 qualifying limits set for free and reduced lunches - \$42,643 for a 4-person household. Add \$7,326 for each additional person in your household.

#### **EMPHASIZED SELECTION CRITERIA:**

1. Financial Need

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

Respond to the question, "How has your professional health care training in high school inspired you in your future plans for 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

- ☐ **1. Title Page**  
Must be specific to the scholarship being applied for
- ☐ **2. Application Instructions and Checklist**  
Please check off each section as you assemble your application
- ☐ **3. Applicant's Family, Educational Plans, Finances and Support System**  
This completed section may be copied and used for several different applications.
- ☐ **4. Applicant's Personal Information and Work History**  
This completed section may be copied and used for several different scholarships.  
You may add an additional sheet if more space is needed.
- ☐ **5. Essay - if required, see Section 1**  
This is scholarship specific – see title page for essay subject and details  
Identify with social security number only – do not use your name in the essay.
- ☐ **6. Transcript**  
Must be an original, official transcript from your school
- ☐ **7. Applicant's Agreement**  
This scholarship specific agreement must include original signatures.

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.

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

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' 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 & stepsisters currently living in your home: \_\_\_\_\_

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

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

Relationship	Yr. in school	Full/Part-time?	School	Amount of Aid Rec'd
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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 \_\_\_\_\_

(Include income of both parents plus stepparent's income if you live in 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 \_\_\_\_\_

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 Co.? ☐ Yes ☐ No Are you a citizen of the U. S. A.? ☐ 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 Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

LaGrange County Community Foundation, 109 East Central Ave., Ste. 3, LaGrange, IN 46761 (260) 463-4363