



LAGRANGE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

SECTION 1

CHASE E. SCOTT MEMORIAL FOOTBALL SCHOLARSHIP

BACKGROUND:

Chase E. Scott was a 2007 graduate of Lakeland high school. He was a member of the Lakeland Lakers football team and was absolutely committed to his personal contribution to team effort and excellence. His dream for career was to someday be a marine mechanic. He realized that dream by graduating from UTI/Marine Mechanics Institute in Orlando, Florida and by earning employment at Forest River Marine in Middlebury. Chase lost his life in a motorcycle accident on August 14, 2012.

SCHOLARSHIP SPECIFIC QUALIFIERS:

1. **Must submit application by deadline.**
2. Must be a graduating senior from Lakeland High School
3. Must have participated in Lakeland football for the last four years of school. This must be confirmed in section 4 and in the required letter of recommendation.
4. Must be recommended in writing by the Lakeland Lakers Boys Football Coach. This signed letter will represent 50 percent of the applicant's score for this competitive scholarship and must include one or more statements fully confirming that that the applicant has
 - a. Participated in Lakeland football for the last four years;
 - b. Has met or exceeded the coach's expectations for dedication to football practice and weight room workouts.
5. Must plan full-time enrollment in an accredited college, university, trade or vocational school.

EMPHASIZED SELECTION CRITERIA:

1. Dedication to Lakeland football.

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

Answer the question, "How has your dedication to excellence in Lakeland football influenced how you will pursue your commitment to future educational plans 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. References**
Must list three (3) references and provide each with a recommendation form.
- 8. 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.
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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

(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 _ _ _ _

SECTION 7

REFERENCES

List three (3) references below and give each a copy of the recommendation form (found at the end of the application). Do not list relatives and two must be other than full-time school personnel.

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 Friday, February 19, 2016 at 4:00 pm.

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

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.

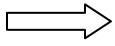
Applicant's Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____

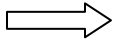
RECOMMENDATION FORM

Dear Reference,

The applicant has authorized you to release information you feel would be helpful in reviewing his/her scholarship application. All recommendations are held in strict confidence and information you provide will not be released to the applicant. **Please complete this form and have it to the LaGrange County Community Foundation 109 E. Central Ave., Suite 3, LaGrange, IN 46761 by Friday, February 19, 2015 at 4:00 pm.**



Please do not include the applicant's name or address when answering these questions. The scholarship selection process is anonymous.



Attach an additional sheet instead of writing on the back of this sheet if you have more information you would like to include to assist the selection committee. Be sure to include the last four (4) digits of the applicant's Social Security number at the top of your additional sheet.

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. Do you think the applicant has the ability and determination to complete his/her educational objectives?
Why do you think that?

Please rate the applicant on the following by checking the appropriate box:

	Excellent	Very Good	Average	Below Average	Poor	Unknown
The applicant's ability to set realistic and attainable goals is:						
The quality of the applicant's commitment to school and community is:						
The applicant's ability to seek, find and use learning resources is:						
The applicant's curiosity and initiative are:						
The applicant's ability to use good problem-solving skills, follow through and complete tasks is:						
The applicant's respect for self and others is:						

Reference: _____
Printed Name

Signature