

This page is an Instructional Page Only – DO NOT INCLUDE IN APPLICATION.

Lawrence County Community Foundation

A Partner in the Community Foundation Partnership, Inc.

Class of 2019 LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

The Scholarship:

- Tuition and required fees for four years of undergraduate study leading to a baccalaureate degree at any Indiana public or private college or university accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools; the total amount of the scholarship is calculated on the basis of the recipient's chosen college's tuition and required fees beginning with the 2019-2020 school year
- Special allocation of \$900 per year for required books
- Does **NOT** include room and board

The Criteria as set forth by Lawrence County Community Foundation:

- Applicants must rank in the top 7% of their class at the end of the sixth semester to apply.
- Applicants must reside in Lawrence County and attend Bedford North Lawrence HS or Mitchell HS in Lawrence County. (note: some addresses are outside of the county, but are zoned for Lawrence County high schools; this is permitted.)
- The scholarship recipient must intend to pursue a baccalaureate degree in four continuous years on a full-time basis at *any* Indiana college or university accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.
- Children (including step), grandchildren (including step), or siblings of the current Lawrence County Community Foundation Board, Staff and Selection Committee Members are **not** eligible to apply for the Lilly Endowment Community Scholarship.
- Siblings (including step/half) of previous Lilly Endowment Community Scholarship recipients are **not** eligible to apply for the Lilly Endowment Community Scholarship.
- The scholarship recipient will graduate and/or have a diploma from an accredited Lawrence County high school by June 30, 2019 and not prior to June, 2018.

Application Requirements:

When completing application, use only the space provided or your application will not be considered. Do not change the format of the application or add additional pages.

Completed Lilly Endowment Community Scholarship Application will include the following:

- **paper clip** one original application: pages 1-6 and the original Letter of Recommendation
- **staple** five copies of the following: pages 2-6 and a Letter of Recommendation

Note: The Letter of Recommendation must be no longer than one page and signed by the recommending person (teacher, community service sponsor or leader, coach, employer or clergy).

Counselor will provide one Transcript for each student that applies.

Finalists only will complete an essay question and will be interviewed.

Finalists only will provide one senior picture (yearbook head/shoulder traditional pose).

Applications and all parts thereof, must be received in the High School Guidance Office by 3:00 p.m. on Wednesday, August 15th.

Late or incomplete applications will not be included in the selection process

STUDENT STATEMENT OF UNDERSTANDING

Lawrence County Community Foundation ~ a partner in the Community Foundation Partnership Inc.

The recipient of the scholarship must agree to comply with the following:

1. 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.
 2. 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 2019-2020 school year.
 3. To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward to the Community Foundation Partnership immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship.
 4. I understand that the special allocation provided to me is to be used to pay required books and required equipment for my courses of instruction. I will personally keep receipts and other documentation to verify that the special allocation was used only for this intended purpose and will provide those receipts and documents to Independent Colleges of Indiana upon request. I will return to Independent Colleges of Indiana any amount of the special allocation remaining at the end of each school year.
 5. 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.
 6. I will I keep the Community Foundation Partnership apprised annually by June 1st of my enrollment and academic status during college by completing and returning any surveys or forms as may be provided by the Community Foundation.
 7. Upon graduation, I will keep the Community Foundation Partnership apprised annually by June 1st of my education and/or employment status for at least ten years after graduation, by completing and returning an alumni survey or other forms as may be provided by the community foundation.
-
8. I understand the Community Foundation Partnership requests that I become involved in community service and volunteerism throughout my college career. This involvement is designed to give me the opportunity to give something back to the community. The involvement could include volunteering for charitable projects on or off campus. The service should not interfere with my academic success.
 9. I understand that, if I receive this scholarship, my name and picture (individual or group) may be used in future brochures, posters, or media ads/announcements.
 10. I understand that I represent the Lawrence County Community Foundation, and therefore, I am expected to maintain high standards of conduct in accordance with state and federal laws.

CERTIFICATION:

Thereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that the Community Foundation will be given a copy of my high school transcript. I have read, understand, and agree to the *Student Statement of Understanding*.

Applicant's Name (Printed): _____ Signature: _____

Parent's Name (Printed): _____ Signature: _____

Date: _____

Lawrence County Community Foundation
A Partner in the Community Foundation Partnership, Inc.

Lilly Endowment Community Scholarship Application

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Date of Birth: _____
Month/Day/Year

Telephone Number: (____) _____ Cell Phone Number (____) _____

E-Mail: _____

Date you began living in Lawrence County on a permanent basis: _____
Month/Year

Name of Parents/Guardian: _____

Permanent Mailing Address of Parent/Guardian
If different from applicant: _____
Street City State Zip

Telephone Number: _____ Parent E-Mail: _____

Parent (father) Employer: _____ Work Phone: (____) _____

Parent (mother) Employer: _____ Work Phone: (____) _____

Father Cell Phone: (____) _____ Mother Cell Phone: (____) _____

SCHOOL INFORMATION

High School Attended _____ Graduation Date: _____

Name of High School Principal _____

School Activities (clubs, student government, music, sports, etc.)	Hours Per Year				Specific School Activity, Leadership Positions
	Fresh	Soph	Junior	TOTAL	
<i>Example: Student Council</i>	10	10	10	30	<i>Member and VP (10); Pres (11)</i>

HONORS AND AWARDS

Select the five honors or awards from high school that you consider to be the most important to you.

Honor/Award	Year			Brief Description
	freshman	sophomore	junior	

WORK EXPERIENCE

List paid work experience in chronological order, beginning with your most recent position.

Employer:	Begin Date Month/Year	End Date Month/Year	Hours Per Week	Nature of Work (Include Supervisory Positions)

The committee reserves the right to request further information regarding financial status.

Please describe any unusual circumstances that may have made an impact on your family's household budget in the last four years. Please include special family circumstances such as loss of income, unexpected expenses, medical expenses and/or other special family circumstances.

Number of family members supported in your household (include yourself, siblings & parents): _____
Name and ages of your siblings:

Number of children who will be attending college in fall 2019 (include yourself): _____

Gross annual household income range of parents/guardians (check one):

- Below \$30,000
- \$30,000 - \$45,000
- \$45,001 - \$60,000
- \$60,001 - \$85,000
- \$85,001 - \$100,000
- \$100,000-\$115,000
- \$115,000-\$130,000
- Over \$130,000

COLLEGE INFORMATION

I will be/or have applied to the following colleges/universities:

Major Field of Study: _____