

2012 Lilly Endowment Community Scholarship Application

Personal Data

Name _____
Last First Middle Initial

Mailing address _____
Street/Apartment No./P. O. Box

City State Zip Code

Residence address (if different from above) _____
Street/Apartment No.

City State Zip Code

Phone number (_____) _____ E-mail _____

Date of birth ____/____/____ Male ____ Female ____

Parent Information

Name of father/stepfather/guardian _____

Mailing address _____
Street/Apartment No./P. O. Box

City State Zip Code

Name of mother/stepmother/guardian _____

Mailing address _____
Street/Apartment No./P. O. Box

City State Zip Code

Check, if applicable: ____ my father is deceased
____ my mother is deceased
____ my parents are divorced

Education

High school _____ Graduation date _____

Anticipated major course of study in college _____

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Work Experience

In the space provided below, list your paid work experience (including self-employment) during the past four years.

Employer	Nature of Work	Number of Weeks	Hours per Week
Senior Year			
Junior Year			
Sophomore Year			
Freshman Year			

Additional Information

On a separate sheet, report any additional information or factors you believe should be considered by the Scholarship Nominating Committee in reviewing your application.

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Writing Sample

Respond to the following questions by providing a one-page typewritten essay.

- What career pursuit(s) are you choosing and why?
- Scholarship recipients should demonstrate leadership potential. What personal characteristics or experiences do you feel qualify you as a potential leader?

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Financial Need

The analysis of financial resources available to help fund postsecondary education is one of the many factors to be considered by the selection committee for the Lilly Endowment Community Scholarship. In an effort to assess the financial need of applicants, we are requiring that all applicants complete a *College Costs Estimator* form and corresponding release form (even if one has been completed in a previous year¹). Please return the *Estimator* and release form in a sealed envelope, attached to your application.

A summary report based on all applicants' completed *College Costs Estimators* will be generated for Blackford County Community Foundation by The National Center for College Costs. The summary report will provide the community foundation with enough information to evaluate this factor in the selection process. We understand that the information you provide to The National Center for College Costs is considered personal and confidential, so the Center's analysis of your numbers will only be released once they have received a signed release form from you. The applicant summary report will be the only financial information seen by the scholarship committee and will be used only during the scholarship nomination process.

Note: We recommend that you make a copy for your records of your application and *College Cost Estimator* once completed.

An added benefit for your family: By completing the *College Costs Estimator* form for this scholarship, you and your family will receive a customized report summarizing the results of your *Estimator* analysis. You and your family also will have access to the staff at The National Center for College Costs via email and a toll-free line in the months and years ahead at no cost to you should you need assistance dealing with college costs and financial aid issues.

¹ If you completed a *College Costs Estimator* after September 1, 2011, contact The National Center for College Costs at 877-687-7291 to see if your previously submitted form can be used for scholarship purposes (or complete and submit the enclosed *Estimator* form). Accurate, up-to-date information is required for all applicants and a new *Estimator* may be required even if one was submitted previously. Release forms **MUST** be submitted by all scholarship applicants.

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Scholastic Profile

Submit a copy of your high school grade transcript and have this section completed by an appropriate school official.

Applicant ranks _____ in class of _____

GPA _____ SAT Critical Reading _____ SAT Math _____

SAT Writing _____ ACT _____

Number of Advanced Placement Courses successfully completed _____

School Official's Signature

Title

Date

Photograph

Provide a recent wallet-size (head and shoulder) photograph, which will become the property of the community foundation.

Application Checklist

This scholarship application becomes complete and valid only when submitted in its entirety with all required attachments:

- () Essay, if not typewritten on application
- () Financial need packet
- () Grade transcript
- () Wallet-size photograph

Postmark Deadline

January 14, 2012

Submit Application to:

Your high school guidance office
or
Blackford County Community Foundation, Inc.
P. O. Box 327
Hartford City, IN 47348-0327

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Covenants/Certification

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.

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 2012-2013 school year.

To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward to Blackford 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 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 Blackford County Community Foundation 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.

Upon graduation, I will keep Blackford County Community Foundation 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.

I accept the above statements, and hereby certify that all information provided as a part of this application is accurate and complete to the best of my knowledge.

I _____, hereby authorize the release of my academic and personal records by Blackford High School for use in this scholarship recognition process. I waive my rights of access to this recommendation written on behalf of my candidacy for scholarship recognition.

Applicant's Signature

Date

It is the policy of Blackford County Community Foundation, Inc. not to nominate family members of its current board of directors, officers, staff and scholarship selection committee members to receive Lilly Endowment Community Scholarships. Family members include spouses, lineal descendants (children, grandchildren and great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as, ancestors.