**Lilly Endowment Community Scholarship Application**

**2024**

**Lilly Endowment Community Scholarship Information**

The primary purposes of the Lilly Endowment Community Scholarship Program are

* to help raise the level of educational attainment in Indiana
* to increase awareness of the beneficial roles Indiana community foundations can play in their communities and
* to encourage and support the efforts of current and past Lilly Endowment Community Scholars to engage with each other and with Indiana business, governmental, educational, nonprofit and civic leaders to improve the quality of life in Indiana generally and in local communities throughout the state.

Blackford County Community Foundation, Inc. is nominating one student to receive the Lilly Endowment Community Scholarship in 2024. This award provides

* full tuition
* required fees, and
* up to $900.00 for required books and equipment
* for up to eight semesters/12 quarters of undergraduate study on a full-time basis leading to a baccalaureate degree
* at any Indiana public or private nonprofit college or university accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

Applicant must

* be a Blackford County resident graduating from Blackford Jr. Sr. High School
* be a high school graduate by the end of June 2024
* have a minimum GPA of 3.0 (4.0 scale).

**Application Checklist**

This scholarship application becomes complete and valid only when submitted in its entirety with all required attachments. Please submit a **single sided copy** of the following items, **in order:**

* Lilly Endowment Community Scholarship Application – Page 1
* Lilly Endowment Community Scholarship Application – Page 2
* High school grade transcript
* Lilly Endowment Community Scholarship Application – Page 4
* CollegeBoard EFC Calculator results
* Lilly Endowment Community Scholarship Application – Page 6
* Lilly Endowment Community Scholarship Application – Page 7
* Writing sample
* Additional information (optional)
* Lilly Endowment Community Scholarship Application – Page 8

**Application Deadline:**

Thursday, August 17, 2023 at 4:30 PM

**Submit Application to:**

Blackford County Community Foundation

121 N High Street

Hartford City IN 47348

**Lilly Endowment Community Scholarship Application**

**2024**

**1. Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apartment/PO Box

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City State Zip

Residence Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apartment/PO Box

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City State Zip

Phone Number (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_\_

**2. Parent Information**

Name of father/stepfather/guardian **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip

Name of mother/stepmother/guardian **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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City State Zip

Check, if applicable: \_\_\_\_\_ my father is deceased

\_\_\_\_\_ my mother is deceased

\_\_\_\_\_ my parents are divorced

**3. Education**

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Month and Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated major course of study in college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. 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 \_\_\_\_\_\_\_\_\_\_

Number of dual credit courses successful completed \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School official’s signature Title Date

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Please remove this page and replace it with a copy of your high school grade transcript

**5. Financial Need**

The analysis of financial resources available to help fund postsecondary education is one of the factors considered by the Blackford County Community Foundation’s selection committee for the Lilly Endowment Community Scholarship. In an effort to assess the financial need of applicants, we are requiring that all applicants for the Lilly Endowment Community Scholarship to complete the CollegeBoard EFC Calculator.

1. Visit <https://bigfuture.collegeboard.org/pay-for-college/paying-your-share/expected-family-contribution-calculator> using your favorite Internet browser.
2. Collect all required information and helpful documents. The following information is required:

* Student and parent income: adjusted gross income, earnings, untaxed income/benefits, education tax credits, etc.
* Allowances: US income taxes paid, child support paid, student financial aid
* Assets: Cash, savings, checking, real estate, business equity, farm equity

1. If you have a CollegeBoard account and would like to save your progress, login. Otherwise, click “start.”
2. Complete the student status portion, click next
3. **Choose the federal methodology (FM) formula.** Click next.
4. Complete family information. Click next.
5. Complete student information. Click next.
6. Provide financial information. Click see results.
7. **Print the results page and submit it with your Lilly Endowment Community Scholarship application.**

We understand the information you provide to for the *CollegeBoard EFC Calculator* is considered personal and confidential. The results will be the only financial information seen by the scholarship committee and will be used only during the scholarship selection process.

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Please remove this page and replace it with a copy of

your results page from the CollegeBoard EFC Calculator

**6. Activities**

Using the space provided, record your four years of high school activities. List them in order of importance to you within each of the categories and include only hours spent outside the classroom.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Year**  F = Freshman,  So = Sophomore,  J = Junior, Sr = Senior | **Average Number of**  **Hours per Year** | **Leadership Positions, Letters Earned, Awards** |
| **Volunteer Activities** | Examples: Jr. Leaders, Missions, Caregiver, etc. | | |
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| **Community Activities** | Examples: Scouts, church | | |
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| **School Activities** | Examples: clubs, band, choir, drama, sports, National Honor Society | | |
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**7. Work Experience**

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

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| --- | --- | --- | --- | --- |
| **Year** | **Employer** | **Job Description** | **Start Date –**  **End Date** | **Hours per Week** |
| **Senior** |  |  |  |  |
|  |  |  |  |  |
| **Junior** |  |  |  |  |
|  |  |  |  |  |
| **Sophomore** |  |  |  |  |
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| **Freshman** |  |  |  |  |
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**8. 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?

**9. Additional Information (optional)**

On a separate sheet, report any additional information of factors you believe should be considered by the scholarship nomination committee in reviewing your application.

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Please remove this page and replace it with a copy of your writing sample

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Please remove this page and replace it with a copy of any additional information or factors you believe should be considered by the scholarship nomination committee in reviewing your application **(optional)**

**10. Covenants/Certification**

If I receive this scholarship, it is my intent to pursue undergraduate study on a full-time basis leading to a baccalaureate degree at an Indiana college.

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 2024-2025 school year.

To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees as required, I will forward to the Blackford County Community Foundation immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship, as required.

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. If the amount remaining exceeds $25, I will return to Independent Colleges of Indiana the balance of the special allocation 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 Blackford County Community Foundation appraised annually by June 1st of my enrollment and academic status during college by completing and returning any surveys or forms as may be provided.

Upon graduation, I will keep the Blackford County Community Foundation appraised 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 ICI or 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