



LILLY ENDOWMENT COMMUNITY SCHOLARSHIP 2012 APPLICATION

*“Excellence is an inner drive to be the best you can be.
This desire to excel is what changes ordinary people
into extraordinary individuals”*

Applicants must meet all of the following criteria as set by the Martin County Community Foundation.

- Applicants must have a 3.6 GPA at the end of the sixth semester.
- The scholarship recipient must intend to pursue a baccalaureate degree in four continuous years and attend full time. The applicant also must have been accepted to any Indiana college or university accredited by the North Central Association of Colleges and Schools.
- Children (including step) grandchildren (including step), siblings and/or spouses of the current Martin County Community Foundation Board, Staff and Selection Committee Members are **not** eligible to apply for the Lilly Endowment Community Scholarship.
- Siblings (including step/half) and spouses of previous Lilly Endowment Community Scholarship recipients are **not** eligible to apply for the Lilly Endowment Community Scholarship.
- Applicants must have graduated and/or have a diploma from an accredited Martin County high school by June, 2012, and *not prior* to June, 2011.

Are you a 21st Century Scholar? Yes No

CERTIFICATION:

Thereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I also understand the Community Foundation will be given a copy of my high school transcript.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Applications and all parts thereof, must be received in the High School Guidance Office by 3:00 p.m. November 30th.

STUDENT STATEMENT OF UNDERSTANDING

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

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

1. I will elect the college or university of my choice and notify the Community Foundation Partnership no later than Wednesday, April 25, 2012.
2. I understand that 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.
3. 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.
4. 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 received for tuition and any eligible fees that may be covered by my scholarship.
5. I will 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.
6. 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 will report expenditures with receipts annually to the Community Foundation.
7. 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 understand that I cannot accept any other tuition award along with the Lilly Endowment Community Scholarship (such as the 21st Century Scholarship).
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. 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.

I/We have read and understand the above statements.

Student's Name

Parent's/Guardian's Name

Student's Signature

Parent's/Guardian's Signature

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 Martin 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: _____
School Name Month/Year

Name of High School principal: _____

WORK EXPERIENCE

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

LEADERSHIP

Describe one event in which you felt your leadership skills were highlighted.

PERSONAL STATEMENT OF GOALS

Describe your personal and educational goals including plans for your career and your future.

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

FINANCIAL OVERVIEW

PERSONAL STATEMENT OF NEED: Please describe any unusual circumstances (special family circumstances, unusual expenses, specific physical challenges, etc.) that may affect your ability to complete four years of college.

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

Number of children attending college in fall 2011 (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
- over \$100,000

Indicate scholarships in which you have applied. Indicate outcome by checking the appropriate column.

Name of Scholarship	Amt Per Year	# of Years	Award Letter Rec'd	Denied	Do Not Know

COLLEGE INFORMATION

I have been accepted by or made application to the following Indiana colleges or universities.

Major Field of Study: _____