



COMMUNITY FOUNDATION
of RANDOLPH COUNTY

BRINGING PEOPLE & RESOURCES TOGETHER

LILLY ENDOWMENT
**COMMUNITY
SCHOLARSHIP PROGRAM
APPLICATION**

(Revised June, 2019)



**Applications must be returned to the Community Foundation of Randolph County, Inc.
for the initial selection of finalists by 4:30 p.m. on September 3, 2019.**

Submit application only, without staples, stickers, folders, binders, etc.

Lisa Jennings, Executive Director
Stephanie Ward, Program Director
Community Foundation of Randolph County, Inc.
120 W Washington Street
Winchester, IN 47394
765.584.9077

**COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC.
LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM APPLICATION**

PLEASE TYPE THE FOLLOWING DATA. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED. WHEN COMPLETE, PRINT THE APPLICATION (SINGLE-SIDED PLEASE)

PERSONAL DATA

NAME: _____
(First) (Middle) (Last)

PERMANENT MAILING ADDRESS: _____
(Address) (City) (State) (Zip)

DATE OF BIRTH: _____ **PHONE:** _____ **CELL:** _____

EMAIL: _____

HIGH SCHOOL NAME: _____

SCHOOL ADDRESS: _____
(Address) (City) (State) (Zip)

GRADUATION DATE: _____

PARENT(S)/GUARDIAN(S) _____

RELATIONSHIP TO APPLICANT: _____

PARENT(S)/GUARDIAN(S) CELL PHONE: _____

**4-YEAR INDIANA COLLEGE OR UNIVERSITY
HAVE APPLIED OR WILL APPLY TO:**

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

HAVE YOU BEEN ACCEPTED?

Yes	No	Not Yet
Yes	No	Not Yet
Yes	No	Not Yet
Yes	No	Not Yet
Yes	No	Not Yet

MAJOR COURSE OF STUDY *(Do not leave blank. If you are undecided, please tell us the areas in which you are interested.)*

SPECIAL AWARDS/RECOGNITIONS & ACTIVITIES – LIST ALL SCHOOL ACTIVITIES & HONORS OVER PAST 4 YEARS *(Please use attached Extracurricular Activities Form A and attached Awards/Honors Form B)*

COMMUNITY INVOLVEMENT/WORK EXPERIENCE – LIST ALL COMMUNITY, CIVIC & CHURCH ACTIVITIES AND WORK HISTORY *(Please use attached Form C)*

SELF EXPRESSION ESSAY

THIS IS YOUR OPPORTUNITY TO SELL YOURSELF TO THE SCHOLARSHIP COMMITTEE. PLEASE INCLUDE INFORMATION THAT YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW ABOUT YOU, SUCH AS WHAT MAKES YOU UNIQUE AND SPECIAL. Please do not include financial information. Please use the Essay Form at the back of this application.

GOALS & ASPIRATIONS

DESCRIBE YOUR PERSONAL AND EDUCATIONAL GOALS INCLUDING PLANS FOR YOUR CAREER AND FUTURE. Please use the Goals & Aspirations Form at the back of this application.

SCHOLASTIC PROFILE

MUST INCLUDE A HIGH SCHOOL TRANSCRIPT OF GRADES REFLECTING THE DIPLOMA TO BE AWARDED AND HAVE THE FOLLOWING SECTION COMPLETED BY THE GUIDANCE COUNSELOR. SAT/ACT SCORES SHOULD **EXCLUDE THE WRITING SCORE**

APPLICANT RANKS: _____ **In class** **SAT SCORE:** _____
ACT SCORE: _____

“I have reviewed this application and have determined that it is correct and complete.”

GUIDANCE COUNSELOR’S SIGNATURE

LETTERS OF RECOMMENDATION

PLEASE ATTACH THREE LETTERS OF RECOMMENDATION FROM SOMEONE OTHER THAN A RELATIVE.

PHOTOGRAPH

INCLUDE A RECENT WALLET SIZE PHOTOGRAPH, WHICH WILL BECOME THE PROPERTY OF THE FOUNDATION FOR PUBLICITY PURPOSES SHOULD YOU BE CHOSEN. IF YOU ARE CHOSEN AS A FINALIST YOU WILL BE REQUIRED TO HAVE A PORTRAIT TAKEN THAT WE MAY USE FOR ANY PUBLICITY. THE COMMUNITY FOUNDATION WILL PAY FOR THE COST OF THIS EXPENSE.

APPLICATION CHECKLIST

STUDENT APPLICATION

TRANSCRIPT OF GRADES (Thru Junior Year)

CLASS SCHEDULE (Senior Year)

3 LETTERS OF RECOMMENDATION

WALLET SIZE PHOTOGRAPH

DIRECT QUESTIONS TO:

STEPHANIE WARD, PROGRAM DIRECTOR

LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM

COMMUNITY FOUNDATION OF RANDOLPH COUNTY

120 W WASHINGTON STREET

WINCHESTER IN 47394

765-584-9077

CERTIFICATION

“IN SUBMITTING THIS APPLICATION I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.”

“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 MAXIMUM AMOUNT OF MY SCHOLARSHIP IS CALCULATED ON THE BASIS OF MY CHOSEN COLLEGE’S TUITION AND REQUIRED FEES BEGINNING WITH THE 2020-2021 SCHOOLYEAR.”

“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 OF RANDOLPH COUNTY IMMEDIATELY UPON RECEIPT, ALL INVOICES FOR TUITION AND ANY ELIGIBLE FEES THAT MAY BE COVERED BY MY SCHOLARSHIP.”

“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 ANY AMOUNT OF THE SPECIAL ALLOCATION 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 UNDERSTAND THAT, ACCORDING TO COMMUNITY FOUNDATION OF RANDOLPH COUNTY POLICY, I AM NOT PERMITTED TO ACCEPT BOTH THE LECS AND THE GOODRICH SCHOLARSHIP.”

“I WILL KEEP THE COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC. 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 THE COMMUNITY FOUNDATION OF RANDOLPH COUNTY APRISED 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 AM NOT A LINEAL DESCENDENT (CHILD OR GRANDCHILD) OF ANY CURRENT DIRECTOR, BOARD MEMBER, STAFF OR SCHOLARSHIP COMMITTEE MEMBER OF THE COMMUNITY FOUNDATION OF RANDOLPH COUNTY, INC.”

“I AGREE TO NOTIFY THE COMMUNITY FOUNDATION IMMEDIATELY OF ANY OF THE FOLLOWING”

- ▶ **TRANSFER FROM ONE COLLEGE TO ANOTHER FOR ANY REASON**
- ▶ **NON COMPLETION OF A SEMESTER OR A YEAR**
- ▶ **THE POTENTIAL OF A SEMESTER AWAY FROM CAMPUS DUE TO INTERNSHIPS, OR STUDY ABROAD. (SCHOLARSHIP AWARD CONTINUATION IS DETERMINED ON A CASE BY CASE BASIS)**

“I FURTHER UNDERSTAND THAT ANY RULINGS TO THE SCHOLARSHIP AWARDED BY INDEPENDENT COLLEGES OF INDIANA SHALL BE DEEMED ABSOLUTE AND FINAL.”

CODE OF CONDUCT

_____ I understand that my character and conduct, both in the classroom and elsewhere, is important to my selection for the Lilly Endowment Community Scholarship.

_____ I understand that my character and conduct at any time prior to and after the selection process may impact my eligibility to become or remain the recipient of the Lilly Endowment Community Scholarship.

_____ I authorize the Community Foundation of Randolph County, educational institutions, employers, entities or individuals, to release and exchange information about me including, but not limited to, my academic history, grades, disciplinary record, character and ethical qualifications. This authorization specifically includes any necessary authorization under the Family Educational Rights and Privacy Act (FERPA)

_____ I understand that the Community Foundation of Randolph County will not take any action based on unsubstantiated information or information provided by anonymous sources.

“I have reviewed this application and determined that it is correct and complete. I further promise to attend the banquet on September 30, 2019, and the interviews scheduled for October 14, 2019 if I am invited to do so.”

APPLICANT’S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

DESCRIBE YOUR PERSONAL AND EDUCATIONAL GOALS INCLUDING PLANS FOR YOUR CAREER AND FUTURE. PLEASE TYPE IN THE SPACE PROVIDED BELOW.

SELF EXPRESSION ESSAY FORM

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