

**The Community Foundation of Howard County, Inc.  
& Lilly Endowment Inc. present  
The Lilly Endowment Community Scholarship Program**

Two Lilly Endowment Community Scholarships will be awarded to Howard County residents. Please read this insert for eligibility requirements.

- The Lilly Endowment Community Scholarship Program is to help raise the level of educational attainment in Indiana and to leverage further the ability of Indiana's community foundations to enhance the quality of life of the state's residents.
- The program will provide scholarships for full tuition, required fees, and a special allocation of up to \$900 per year for required books and required equipment for four years of undergraduate study on a full-time basis, 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 program is open to all Howard County residents who will have graduated by the end of June 2012 with a diploma from a regionally accredited Indiana high school; and who have been accepted to pursue a full-time baccalaureate course of study at an accredited public or private college or university in Indiana.
- The total amount of the scholarship is calculated on the basis of the applicant's chosen college's tuition and required fees beginning with the 2012-13 school year.
- To assist with the processing of scholarship payments each semester or quarter and to avoid late fees, the scholarship recipient will immediately forward all invoices received for tuition and any eligible fees that may be covered by the scholarship to the Community Foundation of Howard County.
- The scholarship recipient must account 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.
- The scholarship recipient will notify Independent Colleges of Indiana of any scholarship awards he or she may receive for tuition or required fees from a source other than the Lilly Endowment Community Scholarship.
- The scholarship recipient must keep the Community Foundation of Howard County, Inc. apprised annually by June 1 of his or her enrollment and academic status during college, by completing and returning any surveys or forms as may be provided by the Community Foundation.
- Upon graduation, the recipient will keep the Community Foundation of Howard County, Inc. apprised annually by June 1st of his or her education and/or employment status for at least ten years after graduation, by completing and returning an alumni survey or other forms as provided by the Community Foundation.
- The scholarship recipient must give permission to use any general, non-financial information included in this application for publicity purposes; to provide the foundation with photographs and to participate in scholarship recognition ceremonies of the Endowment's and Foundation's choosing.
- If selected as a finalist, the scholarship applicant must agree to participate in an interview with the selection committee.
- **Preference will be given to first generation college attendees.**
- **Financial need will be a factor in making this award. The financial information worksheet in the application must be completed and included with the application.**
- **Other criteria used in selection: academic achievement, school, community and work activities, and potential for success. Letters of recommendation from no more than three people.**
- Application must be received by January 10, 2012. Please mail or deliver the completed application with original transcript of grades, financial information worksheet and letters of recommendation to:

The Community Foundation of Howard County, Inc.  
Attn.: Howard County Lilly Scholarship Committee  
215 W. Sycamore St.  
Kokomo, IN 46901

For more information, please call (765) 454-7298 or e-mail [kim@cfhoward.org](mailto:kim@cfhoward.org). Visit our Web site for information about other scholarships and your Community Foundation: [www.cfhoward.org](http://www.cfhoward.org).

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of Howard County, Inc.  
and  
Lilly Endowment Inc.

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The Howard County Lilly Endowment  
Community Scholarship

2012

Please complete and return this form to:  
Community Foundation of Howard County, Inc.  
Attn: Lilly Endowment Community Scholarship  
215 W. Sycamore Street  
Kokomo, IN 46901

Application must be received by: **January 10, 2012**

If you have questions, you may contact the Foundation office by phone at:  
(765) 454-7298 or e-mail: [kim@cfhoward.org](mailto:kim@cfhoward.org)  
Web site: [www.cfhoward.org](http://www.cfhoward.org)

**Note to Applicants:** In order to be considered for this scholarship, you **must** type (or print in ink) your responses on the application. In addition, you must provide all required information by the application deadline. Incomplete applications and applications filled out in pencil **will not** be considered.

**CERTIFICATION OF APPLICATION**

- 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 the Community Foundation of Howard County, Inc. immediately upon receipt all invoices received 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 the Community Foundation of Howard County, Inc. apprised annually by June 1 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 Howard County, Inc. apprised annually by June 1 of my education and/or employment status for at least ten years after graduation, by completing and returning an alumni survey or other form as may be provided by the community foundation.
- The Community Foundation of Howard County, Inc. has my permission to use any general, non-financial information included in this application for publicity purposes. In addition, I agree to provide the foundation with photographs and will participate in a scholarship recognition ceremony of the foundation's choosing.
- If I receive this scholarship, I understand that I represent the Community Foundation of Howard County, and therefore, I am expected to maintain high standards of conduct in accordance with state and federal laws. I further understand that failure to do so may result in the termination of this scholarship.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE TYPE OR PRINT THE FOLLOWING DATA)

**Personal Profile**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of father \_\_\_\_\_ Address if different from student \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Highest school father completed \_\_\_\_ Middle school/Jr. High \_\_\_\_ High School \_\_\_\_ College or beyond \_\_\_\_ Other/unknown

Name of stepfather/guardian (if applicable) \_\_\_\_\_ Address \_\_\_\_\_

(Circle one)

Name of mother \_\_\_\_\_ Address if different from student \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Highest school mother completed \_\_\_\_ Middle school/Jr. High \_\_\_\_ High School \_\_\_\_ College or beyond \_\_\_\_ Other/unknown

Name of stepmother/guardian (if applicable) \_\_\_\_\_ Address \_\_\_\_\_

(Circle one)

Check if applicable ( ) Father deceased ( ) Mother deceased ( ) Parents divorced - ( ) Year of divorce

**Family Information**

Number of brothers and sisters: Younger: \_\_\_\_ Older (If dependent) \_\_\_\_

Ages of brothers and sisters: \_\_\_\_\_

Number (including self) in post-high school education next year: \_\_\_\_ Have you ever attended college? \_\_\_\_ Yes \_\_\_\_ No

Has anyone in your immediate family ever attended college pursuing a baccalaureate degree? \_\_\_\_ Yes \_\_\_\_ No

If anyone in your family has attended college pursuing a baccalaureate degree, please check all that apply: \_\_\_\_ Mother; \_\_\_\_ Father; \_\_\_\_ Sibling

Has anyone in your immediate family ever graduated from college with a baccalaureate (4 year) degree? \_\_\_\_ Yes \_\_\_\_ No

If anyone in your family has graduated with a baccalaureate (four-year) degree, please check all that apply: \_\_\_\_ Mother; \_\_\_\_ Father; \_\_\_\_ Sibling

**Name of College and/or University (s)** to which you have applied (please list in order of preference) and circle those to which you have been accepted:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Intended major or course of study: \_\_\_\_\_

**Scholastic Profile**

High School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Graduation Date: Month \_\_\_\_ Year \_\_\_\_

*You must include an original copy of your high school transcript of grades and have the following section completed by the appropriate school official.*

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_ SAT/ACT \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_ (4.0 scale) *Math + Verbal + Written = Total SAT*

School Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Financial Data for 2011**

Student's Income \_\_\_\_\_ Mother's Income \_\_\_\_\_ Father's Income \_\_\_\_\_

If applicable: Stepfather's Income \_\_\_\_\_ Stepmother's Income \_\_\_\_\_

If additional questions should arise with regard to the financial data requested, the foundation reserves the right to request for review a copy of the most recent tax return filed by the applicant, or the applicant's parents, if dependent.

**Financial Need**

A completed Financial Information Worksheet must be submitted with your application. The worksheet can be found at [www.cfhoward.org](http://www.cfhoward.org) or through your guidance office.

Estimated Financial Resources: (List any other financial assistance being received in the form of grants, scholarships and/or loans. Please indicate if these awards are one-time or renewable awards.)

Type of Assistance	Source	Amount

Are you a 21<sup>st</sup> Century Scholar? \_\_\_ Yes \_\_\_ No

Do you prefer to attend a private college or university? \_\_\_\_\_

Please report any unusual family/personal/financial circumstances you want the committee to consider:

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

**Work experience** - List places of employment over last 4 years.

Company	From/To	Hours Per Week	Amount Earned

**Extracurricular Activities/Community Involvement** - List activities in the order of significance starting with the most significant. Please describe your involvement, including any leadership positions held in school, community, civic, or church organizations during the past 4 years:

Activity	# of yrs./# of hrs. per yr.	Activity	# of yrs./# of hrs. per yr.

**Awards & Honors** - List all awards and honors you have received (school & otherwise) the last 4 years.

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**Essay**

Answer in essay form the following: (You may use additional paper if necessary.)

1. What career are you thinking about?
2. What are your professional goals as you enter college and what has influenced you to choose those goals?
3. How will you use this degree in Indiana?
4. If you have not chosen a career or major, please explain why?

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**Recommendations**

- Recommendation letters (no more than three) must be included with your application;
- Must be submitted from someone other than a relative and at least one should be from a teacher and/or administrator from your high school.

**Application Checklist**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Student Application & Essay          | <input type="checkbox"/> Financial Information Worksheet |
| <input type="checkbox"/> Original Transcript of Grades        | <input type="checkbox"/> Letters of Recommendation       |
| <input type="checkbox"/> Signed Application and Certification |  |

**Eligibility Requirements:** A child, step-child, grandchild, step-grandchild, great grandchild, step-great grandchild, spouse, brother, sister, and spouses of everyone listed previously of someone who during the last five years has served as a member of the Scholarship Committee, Howard County high school staff that has been associated with the selection of scholarships awarded by the Community Foundation of Howard County, Inc., been a board member or a regular full-time and/or regular part-time employee of the Community Foundation of Howard County, Inc., is not eligible for scholarships awarded by the Community Foundation.

*Revised 9/11*