

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 \$800 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 2010 with a diploma from a regionally accredited Indiana high school.
- The scholarship recipient must be accepted and intend to pursue a baccalaureate degree on a full-time basis 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 total amount of the scholarship is calculated on the basis of the applicant's chosen college's tuition and required fees beginning with the 2010-11 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 1st 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. A copy of *Free Application for Federal Student Aid (FAFSA) must be included with 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 11, 2010. Please mail or deliver the completed application with original transcript of grades, copy of FAFSA form, 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. Visit our web site for information about other scholarships and your Community Foundation: www.cfhoward.org

*FAFSA forms are available in high school guidance offices and/or online at www.fafsa.ed.gov/

The original needs to be mailed or electronically transmitted to address provided. Please submit a copy with your scholarship application. We do not forward originals.

**The Community Foundation
of Howard County, Inc.
and
Lilly Endowment Inc.**

present

**The Howard County Lilly Endowment
Community Scholarship**

2010

**Please fill out this form by typing in the information while on line.
Print the form and send it along with the required
attachments to the address below:**

**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 11, 2010

**If you have questions, you may contact the Foundation office by phone at:
(765) 454-7298 or email: kim@cfhoward.org
Website: www.cfhoward.org**

**Please fill out this form by typing in the information. Print form and send with attachments to:
Community Foundation of Howard County, 215 W. Sycamore St., Kokomo, IN 46901**

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

- *In submitting this application I certify that the information provided is complete and accurate to the best of my knowledge.*
- *I understand that falsification of information may result in termination of any scholarship granted.*
- *If selected as a finalist I agree to participate in an interview with the selection committee.*
- *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 2010-2011 school year.*
- *To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will immediately forward all invoices received for tuition and any eligible fees that may be covered by my scholarship to the Community Foundation of Howard County Inc.*
- *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 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 Howard County, Inc. 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.*
- *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.*

Applicant's signature: _____ Date: _____
(PLEASE TYPE OR PRINT THE FOLLOWING DATA)

Personal Profile

Name _____ Date of Birth ____/____/____

_____ Street _____ City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

Name of father/stepfather/guardian _____
(Circle one)

Employer _____ Position _____

Address if different from student's _____

Name of mother/stepmother/guardian _____
(Circle one)

Employer _____ Position _____

Address if different from student's _____

Check if applicable () Father deceased () Mother deceased () Parents divorced

Financial Data for 2009

Student's Income _____ Mother's Income _____ Father's Income _____

Please include a copy of your completed Free Application for Federal Student Aid (FAFSA) form for review. 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.

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.

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 (____) _____

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

Please describe any unusual circumstances affecting your financial situation which the selection committee should consider: _____

List any other financial assistance being received in the form of grants, scholarships, &/or loans:

Type of Assistance	Source	Amount
_____	_____	_____
_____	_____	_____

Are you a 21st Century Scholar? _____ If so, do you prefer to attend a private college or university? _____

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

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

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?

Recommendations

Please enclose recommendations that may be submitted on your behalf by no more than three individuals. These individuals must be someone other than a relative.

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"/> FAFSA Form |
| <input type="checkbox"/> Original transcript of grades | <input type="checkbox"/> Letters of Recommendation |