



P. O. Box 807, 715 Main Street,  
Rochester, Indiana 46975  
Phone: (574) 223-2227 ♦ Toll Free: (877) 432-6423  
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## Fulton County Community Foundation 2009 Lilly Endowment Community Scholarship Program

### The Purpose

The purpose of the Lilly Endowment Community Scholars program (LECS) is to help raise the level of educational attainment in Indiana and also to leverage the ability of Indiana's Community Foundations to enhance the quality of life of the state's residents. With this purpose in mind, the Fulton County Community Foundation scholarship committee seeks candidates who exhibit the ability to succeed at the post-secondary level, who show potential in their chosen field of study, and who exhibit potential as a future leader.

### The Award

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.

### Criteria for Eligibility

- Student must be a Fulton County high school senior, graduating by the end of June 2009, with a diploma from an accredited Indiana High School.
- Student must be accepted for a full-time baccalaureate course of study at a public or private college or university in Indiana accredited by the North Central Association of Colleges and schools by May 4<sup>th</sup> 2009, to begin studies no later than fall of 2009.
- Student must have been a resident of Fulton County at least three continuous years prior to high school graduation. The applicant must be a current resident.
- Submit a completed application to your Guidance Counselor by **Tuesday, January 6, 2009, at 3:00 p.m.**
- The student cannot be a child, stepchild, grandchild, great grandchild, spouse, brother, sister, brother-in-law, or sister-in-law of one (or the spouse of one) who serves currently or served during the immediate past year prior to the application deadline date as any of the following: a member of the Northern Indiana Community Foundation (NICF) Board, a member of the Fulton County Community Foundation (FCCF) Steering Committee, the NICF Executive Director, a county Associate Director, a staff member of the NICF or FCCF or a member of the Fulton County Community Foundation Scholarship committee. **\*Note:** If you are a sibling of a current or previous Lilly Endowment Community Scholar, you are eligible to apply if you meet all other requirements.

### Selection Process

1. Applications will be "blinded" and then reviewed by the Fulton County Community Foundation Lilly Endowment Community Scholarship Committee.
2. From the pool of "blinded" applications, the Fulton County Community Foundation Scholarship Committee will select five Finalists for the Final Phase of the Nomination Process.
3. All five Finalists will write a 100-125 word impromptu essay and participate in an oral interview process.
4. Finalists will be required to provide a wallet-size photograph at the time of their interview. The photograph will become property of the Foundation for publicity purposes should you be chosen as a scholarship recipient.
5. The FCCF Scholarship Committee will nominate recipients and alternates for two full tuition scholarships.
6. A separate, statewide committee, appointed by Independent Colleges of Indiana, will make the final selection of all recipients in accordance with the criteria and procedures consistent with applicable law and the overall goals of the Lilly Endowment Community Scholarship Program.

### Important dates to remember

- ▶ All applications must be in your Guidance Counselor's office by: 3:00 p.m. Tuesday, January 6, 2009.
- ▶ Finalists will be notified in the first week of February 2009.
- ▶ The two recipients will be notified in writing after March 31, 2009. The three non-recipients will be notified in writing as well.

### Steps for Completing the Scholarship Packet

1. Determine your eligibility. Check off the boxes on page one.
2. The application *must* be typed or completed on a computer. Type font should be TIMES NEW ROMAN with font size of 12.
3. Complete the Personal Data Sheet (page 3).
4. Complete the Community, Work and School Activities Form (page 4). Use only the space provided and list activities in order of importance to you. **Do not include any additional pages.**
5. Seriously consider whom you will ask to submit letters of recommendation. Choose someone who knows you well enough to write a letter. You will need two letters of recommendation, one from a faculty member and another from someone who has supervised you in a volunteer or extra-curricular activity or someone who has supervised you as an employer. Please provide the Recommender with the **Recommendation Form** (page 5 and 6). The Recommender must return the form and letter to you and you must attach them to this application.
6. Cooperate with your Guidance Counselor who will complete the Academic Certification form. (Page 7).
7. Request an official copy (with seal) of your School transcript (7 semesters) and SAT &/or ACT scores.
8. Read and sign the Certification, Statements, and Agreements (page 8).
9. Write a Career Goal Statement (page 9). We encourage you to write a strong, concise, and well-organized career goal statement. Keep to 200 words or less and this portion of the application must be typed or composed on a computer. Essay is to be typed and double-spaced with TIMES NEW ROMAN 12-point font and attached to your application.
  - It should include events that led to your career choice, past experiences in the field, and realistic short and long-term goals. If you are still deciding your career goal, then write your statement to reflect the skills and abilities you have and the process you are using to determine your career goal.

### Scholarship Application Packet Checklist

Check off all of the following boxes before submitting your application packet to your Guidance office by the deadline date **Friday, January 9, 2009**. Submit all items in the order listed. Paperclip your application packet together and make a copy of the application packet for yourself.

- Completed LECS Personal Data Sheet (page 3).
- Community, Work and School Activities Form (page 4)
- Recommendation Forms (pages 5 and 6)
  - Two Letters of Recommendation. The forms and letters must be attached with your application.
- Academic Certification form (page 7).
- Signed Student/Parent/Guardian Certification and Statements and Agreements (page 8)
- Career Goal Statement (page 9)
- Official School transcript with SAT and/or ACT scores

**Questions concerning this application can be directed to the NICF Office by calling 223-2227 or toll free at (877)-432-6423.**

Fulton County Community Foundation LECS Personal Data Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email address \_\_\_\_\_ Citizenship: United States \_\_\_\_\_ Other \_\_\_\_\_

Father/Guardian's Name, Address & Phone # \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_

Mother/Guardian's Name, Address & Phone # \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_

Name of high school \_\_\_\_\_ Date of high school graduation \_\_\_\_\_

List colleges and universities, which you are considering \_\_\_\_\_

Have you been accepted to a college in Indiana for a four-year degree? Yes \_\_\_\_\_ No \_\_\_\_\_

List those institutions of which you have been accepted \_\_\_\_\_

Area of college study \_\_\_\_\_

List any other scholarships or financial awards you anticipate receiving \_\_\_\_\_

Are You A First Generation College Student? Yes \_\_\_\_\_ No \_\_\_\_\_  
(First person in your immediate family to attend college.)

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





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**Fulton County Community Foundation  
Lilly Endowment Community Scholarship Recommendation Form**

**Faculty Member Form**

**To the applicants:** Please fill in your name and address before giving this form to the person you have asked for a recommendation.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**To the recommender:** The student named on this form is applying for the Lilly Endowment Community Scholarship and has asked you to provide the Fulton County Community Foundation with any information you feel would be helpful in reviewing their application. You may be assured that the information will be considered confidential. If you are unable to complete this form by the deadline, please notify the applicant so that they may secure another reference.

**Name of Reference** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Reference** \_\_\_\_\_

When providing a recommendation, please do the following:

1. Write your letter of recommendation on the back of this form or on a separate sheet of paper. Please sign it and include it with this form. Do not use staples.
2. Incorporate the following in your recommendation:
  - Compare this college-bound student to others you have known.
  - Describe the qualities or characteristics you feel sets this student apart.
  - Any special circumstances you feel are relevant.

**Please return this form to the applicant before the January 6<sup>th</sup> deadline.**



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**Fulton County Community Foundation  
Lilly Endowment Community Scholarship Recommendation Form**

**Supervisor, Administrator, Employer Form:** someone who has supervised this student in a volunteer or extra-curricular activity or as an employer.

**To the applicants:** Please fill in your name and address before giving this form to the person you have asked for a recommendation.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**To the recommender:** The student named on this form is applying for the Lilly Endowment Community Scholarship and has asked you to provide the Fulton County Community Foundation with any information you feel would be helpful in reviewing their application. You may be assured that the information will be considered confidential. If you are unable to complete this form by the deadline, please notify the applicant so that they may secure another reference.

**Name of Reference** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Reference** \_\_\_\_\_

When providing a recommendation, please do the following:

1. Write your letter of recommendation on the back of this form or on a separate sheet of paper. Please sign it and include it with this form. Do not use staples.
2. Incorporate the following in your recommendation:
  - Strengths, skills, and talents
  - Initiative, dedication, integrity, reliability, etc.
  - Ability to work with a team
  - Ability to work independently

**Please return this form to the applicant before the January 6<sup>th</sup> deadline.**



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**Academic Certification Form**  
**To Be Completed By Your High School Guidance Counselor**

**Name of Student:** \_\_\_\_\_

**This is to certify that the above named student will graduate with the following:**

Regular Diploma \_\_\_\_\_

CORE 40 \_\_\_\_\_

Academic Honors \_\_\_\_\_

**Advanced Placement Classes:**

\_\_\_\_\_ YES, the above named student has taken at least one (1) Advanced Placement Class during his/her high school career.

\_\_\_\_\_ NO, the above named student has not taken at least one (1) Advanced Placement Class during his/her high school career.

\_\_\_\_\_ Our school does not offer Advanced Placement Classes.

**SAT/ACT Scores & Cumulative GPA:**

**GPA** \_\_\_\_\_ **on a scale of** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **Class Size** \_\_\_\_\_

**Sat Score: Writing** \_\_\_\_\_ **Math** \_\_\_\_\_ **Critical Reading** \_\_\_\_\_ **Act Score:** \_\_\_\_\_  
(List both SAT & ACT if you have taken both tests.)

**Weighted Grading System** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

## Student/Parent/Guardian Certification

In submitting this application, I hereby certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will disqualify candidates. I further understand that it is my obligation to abide by the following eight (8) statements, as well as, the other criteria mentioned within this certification:

### Statements and Agreements

"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 2009-2010 school year."

"To assist with the processing of my scholarship payments each semester or quarter, I will forward immediately to the Northern Indiana Community Foundation 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 Northern Indiana Community Foundation apprised annually by June 1<sup>st</sup> 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 Northern Indiana Community Foundation/Fulton County Community Foundation apprised annually by June 1<sup>st</sup> 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."

"If I receive this scholarship, I understand that I represent the Fulton County Community Foundation, 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 termination of this scholarship."

My signature indicates permission for the high school to release all personal references and academic records to the Fulton County Lilly Endowment Community Scholarship Committee. I give permission for my photograph to be published in newspapers and other publications if I am a scholarship recipient.

If I am a recipient of this scholarship, I understand that my parents or guardians and I are expected to attend the Fulton County Community Foundation scholarship reception.

I understand that the scholarship will provide 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 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.

I will inform the Northern Indiana Community Foundation of any address changes.

I certify that I have lived in Fulton County for at least three (3) continuous years prior to graduation, and I am applying for the Lilly Endowment Community Scholarship only in Fulton County.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(I/we have read and agree with the above statements)**

A parent/guardian's signature is required if the student is under the age of eighteen.

## Career Goal Statement

Two hundred words or less (typed and double-spaced with TIMES NEW ROMAN 12-point font)

Refer to item #9 on “Steps for completing Scholarship Packet.