

FULTON COUNTY  
COMMUNITY  
FOUNDATION  
A FUND AFFILIATE OF NICF

Renewal Application

2010

Roy Haggerty  
Memorial Scholarship



NORTHERN INDIANA  
COMMUNITY  
FOUNDATION  
STARKE FULTON MIAMI

**Northern Indiana Community Foundation, Inc.**  
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[corinne@nicf.org](mailto:corinne@nicf.org)

The Northern Indiana Community Foundation, Inc. administers a scholarship program that each year helps local students pursue higher education. Over the years the Community Foundation has helped provide scholarships to many Fulton County students. We hope to add you to our list of scholarship recipients!

If you need additional assistance, please contact Corinne Becknell Lucas, Scholarship Coordinator for the Northern Indiana Community Foundation (NICF) at 574.223.2227 or toll free at 877.432.6423. You can also email questions to [corinne@nicf.org](mailto:corinne@nicf.org). You can find our application online at [nicf.org](http://nicf.org).

## Roy Haggerty Memorial Scholarship Renewal Application

The Roy Haggerty Memorial Scholarship Fund was created by Roy's wife, Donnabelle Haggerty, as a legacy in Roy's name to help students enrolled full time at Indiana University Bloomington or another IU campus. Roy and Donnabelle were both from Fulton County. Roy loved playing baseball and traveled in several different states to play for Rochester. Roy also attended the University of Minnesota, studying building design. Donnabelle (Coakley) Haggerty attended college in Chicago and was a skilled musician and harpist with numerous symphonies including the South Bend Symphony. Roy and Donnabelle both played with the Rochester High School Orchestra.

### Eligibility Requirements

Must be residents and domiciliary of Fulton County, Indiana, at the time the grant or scholarship is awarded. Must also be full-time students at Indiana University Bloomington or one of the Indiana University campuses. For medical students, this means the IUPUI campus. The following criteria is important: Scholarship, Good moral character, mental attitude, financial need, employment history, marital and family status and intent to return to Fulton County

### Preference in awarding scholarship (in the following order):

1. Students enrolled in or attending the Indiana University School of Medicine, Indianapolis, Indiana
2. Students enrolled in or attending the Indiana University School of Music
3. Students enrolled in or attending Indiana University majoring in liberal arts
4. Students enrolled in or attending Indiana University who are members of the varsity baseball team irrespective of the campus in which said student is enrolled
5. Any other student enrolled in or attending Indiana University

### Please Make Sure the Following documents are completed and attached.

- Application Information Part A
- Application Information Part B
- Estimated Expenses & Resources
- Application Signature Page
- Submit a letter addressed to the selection committee requesting renewal of the scholarship and inform them of your progress, experiences and future plans.
- Most recent college transcript and upcoming class schedule
- FASFA's Student Aid Report (SAR), which is the report FASFA returns to you, including the EFC (Expected Family Contribution) number.

## Instructions for completing the application

1. Applications should be **typed or legibly printed in ink**.
2. Attach all required documents.
3. Only **one school transcript** is required. The Foundation will make additional copies as needed.
4. **Submit one original application and all required attachments.** The NICF office will make all necessary copies.
5. **Do not use staples.** Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.
6. By the deadline, submit application and all attachments to the NICF office at 715 Main Street, P.O. Box 807 Rochester, IN 46975

Application Deadline is March 15<sup>th</sup> 2010:

# Roy Haggerty Memorial Scholarship renewal application Information Part A

Name _____			Office use only
First	Middle	Last	
Legal Address _____			
City / State / Zip _____			
Mailing Address (if different from above) _____			
City / State / Zip _____			
<input type="checkbox"/> Male <input type="checkbox"/> Female _____ Township of Residence _____			
Number of years residing in Indiana _____		Number of years residing in your township _____	
Date of Birth _____		Home Telephone Number _____	
Email address _____		Cell Phone Number _____	

## Family Information

Father's / Guardian's Name _____			
Last	First	M/ I	
Address (if different from you) _____			
City / State / Zip _____			
Occupation _____		Firm Name _____	
Mother's Name / Guardian's Name _____			
Last	First	M/ I	
Address (if different from you) _____			
City / State / Zip _____			
Occupation _____		Firm Name _____	

## Educational Information

High School _____	Graduation Date _____	Number of Year's attended _____
1 <sup>st</sup> Generation College Student <input type="checkbox"/> Yes <input type="checkbox"/> No		21 <sup>st</sup> Century Scholar <input type="checkbox"/> Yes <input type="checkbox"/> No
Year in college during the coming academic year <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad. School <input type="checkbox"/> Other		
GPA: _____	Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than part-time	
College Campus you are attending _____		
Anticipated Graduation Date _____		
Major field of College Study _____		
Vocational objective _____		
As of this date, do you have a tuition package that pays for your college tuition cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Under which preference are you re-applying? Check appropriate line.

- Student enrolled in or attending the Indiana University School of Medicine, Indianapolis, Indiana.
- Student enrolled in or attending the Indiana University School of Music.
- Student enrolled in or attending Indiana University majoring in liberal arts
- Student enrolled in or attending Indiana University who are members of the varsity baseball team irrespective of the school in which said student is enrolled.
- Any other student enrolled in or attending Indiana University.



## Estimated Expenses & Resources

### Estimated Resources

Have you received an award letter from the school? If so please attach. If no, please estimate your eligibility to the best of your ability.

Parent Contribution	\$
University Scholarship or Grants	\$
Federal Pell Grant	\$
Federal Academic Competitiveness Grant	\$
Federal Supplemental Grant (SEOG)	\$
Indiana Grants	\$
Federal Stafford Loan	\$
Federal Perkins Loan	\$
School Job	\$
Other (specify)	\$
Total Aid	\$

### Estimated Expenses

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses (e.g. laundry, clothing, etc.)	\$
Total Costs	\$

Do you have any other expense of which you would like to make us aware?

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If your estimated expenses exceed your financial aid, how do you plan to pay the difference?

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How much do you plan to earn working this summer? \_\_\_\_\_

Optional Special Circumstances: Please describe any special circumstances you or your family are experiencing.

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## Application Signature Page

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. I have fulfilled all of the requirements for the application and I am enclosing required attachments as requested on the **instruction and scholarship description section** of this document. I am aware that the Northern Indiana Community Foundation scholarships may be used at an accredited education institution. I also understand that the awards will be announced in the spring and summer of 2010. In addition, I understand that the information contained in my application may be shared with the scholarship committee and / or the scholarship fund founder. If you are under 18 years of age, a parent's signature is required.

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Applicant's Name (please print)

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Applicant's Signature

Date

**Please return application and attachments to the NICF office by the March 15<sup>th</sup>, 2010 deadline.**