

NAME OF APPLICANT: _____

IMPORTANT NOTE TO APPLICANTS:

Read the Scholarship Information Packet before filling out this application. Detailed requirements for all scholarships are listed in that document. Any additional attachments that are required beyond what is contained in this common application for each particular scholarship will be noted below.

Please check in the list below all scholarships for which you wish to apply:

- THE AMERICAN LEGION SCHOLARSHIP
- HAZEL AND WALTER T. BALES BUSINESS & AUTOMOTIVE SCHOLARSHIP
 - Attach a letter of acceptance to an accredited two or four year college degree program.
- MICHAEL L. BECHER LAW ENFORCEMENT SCHOLARSHIP
- BLUE SKY FOUNDATION SCHOLARSHIP
 - Blue Sky essay.
- JOHN C. GATZ MEMORIAL SCHOLARSHIP
 - “Capture Life” essay and photograph.
- ROBERT E. MOSER AGRICULTURAL SCHOLARSHIP
- PAUL W. OGLE SCHOLARSHIP
 - Attach a letter of acceptance to a college or university of your choice.
- RAYMOND RHODES GRAPHIC ARTS & PRINT TECHNOLOGY SCHOLARSHIP
 - Attach a letter of acceptance to a college or training school with an approved graphic arts or printing technology curriculum.
- HUGH AND MABELLE SCOTT MUSIC SCHOLARSHIP
 - Attach a letter of recommendation from a music or band teacher.
 - Scott Music essay.
- HELEN L. SIEBERT SCHOLARSHIP
 - Attach a letter of acceptance to Purdue University.

All scholarships will be selected based on the pool of qualified applicants.

Each question on the application has merit.

Be sure to attach any additional documentation required by the scholarships you select above.

Enclose TWO copies of this application for EACH scholarship for which you apply.

General Application Directions:

_____ **Application:** Read the entire application first. Complete it using a typewriter or computer. If you use a computer, remember to save the document to your hard drive. Print it. Sign where indicated. Make one entire copy. Do **not** expand the length of pages. Use standard 8 ½ X 11 sheets of white paper. Give the entire application **and two complete copies for each scholarship for which you apply** to your high school guidance counselor **by January 16, 2009**. Incomplete applications will be disqualified. Your guidance counselor will complete Page 7 and submit the application and its copy to the Community Foundation Office by **January 23, 2009**.

_____ **Record of Participation, Leadership, Service & Work Experience:** See Pages 2 and 3. Combine related activities into one category. The hours of participation are based on an entire year at a time.

_____ **Family & Financial Overview:** The questions on Page 4 are directed to the applicant and his or her parents(s) or guardian(s) with whom the applicant resides, or who will be responsible for the applicant's education under direction of a legal authority, such as a court of law. It is the student's responsibility to complete the application, but the parent(s) or guardian(s) will need to be made aware of its completion. All parties are required to sign Page 1.

_____ **Personal Insight/Other Required Essay:** Each applicant will be responsible for personally preparing an essay. The essay may not exceed the length of Page 5. Use a 12-point font of either Arial, Times New Roman, Courier, or Courier New. The accepted rules of grammar and composition should be used; however, points will be awarded primarily on the basis of the essay's overall impact on the judges. Therefore, logical and clear development, and the persuasiveness of the statement presented, are most important. The purpose of the essay is to provide the judges with a deeper insight into the character of the applicant as well as the applicant's ability to clearly and cogently communicate with the reader. **This essay is to be submitted with only the last four digits of your Social Security number in the top right corner.** Restate the question you are addressing in the first sentence of the paragraph of each section of your essay. If you mention other people, refer to them without using their name, such as father, mother, brother, sister, etc

_____ **Extenuating Circumstances (Optional):** See Page 6. This information is not required, but this page is included for applicants who may have extenuating circumstances that may warrant special consideration.

_____ **Counselor:** The student should give you one **completed original application and two copies** of the completed application for each scholarship for which they choose to apply. Please complete Page 7. Attach the most recent transcript of the student, including test scores and the cumulative GPA on a 4.0 scale to the student's original application only. If a 7th semester transcript is not available, please also include a copy of the applicant's report card. The foundation would greatly appreciate your effort to provide the applicant's 7th semester GPA on a 4.0 scale. This allows all applicants to be evaluated on as equal a field as possible. Denote which scholarship application is the original at the top of Page 1. Counselor, please send both the original and a copy to the Community Foundation of Southern Indiana, Scholarship Program, 4104 Charlestown Road, New Albany, IN 47150.

_____ **Award Notification:** Semi-finalists are selected from each county based on the complete application package. Semi-finalists and their parent/guardian(s) may or may not be interviewed upon notification in February or March. The parents of all semi-finalists will be required to provide the most recent year's tax return for verification purposes. Winners will be notified by May, 2009.

COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
Record of Participation, Leadership, Service & Work Experience

Instructions: In the first column list the activities in which you have participated. In the boxes located under the columns labeled 9 - 12, insert the number of hours completed that school year for each activity and your sponsor's name under the hours. In the right-hand column, list any awards or honors that you received, or positions of leadership you held for any corresponding activity.

Community / Faith-based / Volunteer / Extra-Curricular Example: List place of worship, athletics, music, drama, Student Council, clubs, National Honor Society, academic teams, tutoring, teacher assistant, Junior Achievement, community organizations, etc. List the estimated out-of-school hours and the supervisor, coach, or sponsor for each year in Columns 9-12. Activities such as student government and tutoring that take place during the school day may be included if you are not paid or given a credit academically, which must be verified by a counselor. You may also include seminars, workshops, and/or conferences that deal with personal development, leadership training, and/or service. *If your activities exceed the space provided, consider combining your activities into one category. For example, band might include concert band, drum line competition, and orchestra all combined under one heading on one line.*

COMMUNITY, RELIGIOUS, VOLUNTEER, EXTRA-CURRICULAR ACTIVITIES						
<i>Name of Activity</i>		9	10	11	12	<i>Honors, Awards & Leadership</i>
Sample Activity	Hours	10	20	30	16	Newcomer Award, Top 10%, President, Treasurer
	Sponsor	Smith	Jones	Jones	Smith	
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
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	Hours					
	Sponsor					

This section is continued on the next page.

COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
Record of Participation, Leadership, Service & Work Experience

COMMUNITY, RELIGIOUS, VOLUNTEER, EXTRA-CURRICULAR ACTIVITIES (Cont.)

<i>Name of Activity</i>		9	10	11	12	<i>Honors, Awards & Leadership</i>
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					

Work Experience: List your ten most recent ***paid*** employment positions. List ***specific*** dates employed by using month/year. Denote seasonal employers with an asterisk.

WORK EXPERIENCE

<i>Name of Employer</i>	<i>Name of Supervisor</i>	<i>Specific Dates Employed</i>	<i>Average Hours per Week</i>
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	
		Beginning Date: Ending Date:	

Last Four Digits of the Student's Social Security Number: _____

COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
Family & Financial Overview

These questions are directed to the applicant and his or her parents or guardians with whom the applicant resides or who will be responsible for the applicant's education under direction from a legal authority such as a court of law.

Parent's current marital status: (Check one.)

_____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

DO NOT USE NAMES.	Occupation/Title	Employer	Length of Employment
Father/Guardian			
Mother/Guardian			

Total number of family members currently living in the household including those whom your family supports who attend college away from home: _____ (This does not include any married siblings.)

Ages of brothers, sisters, stepbrothers, and stepsisters currently living with you in your home including those the family is supporting in college: (DO NOT USE NAMES.) _____

Are you the first generation of family members to attend college/technical school? _____

Are you a 21st Century Scholar in good standing? _____

List family members (*without names*), not including yourself, who will attend college or technical school next year

_____ \$ _____
Age of person Year in School Full or part time Name of school Total Amount of Aid Received

_____ \$ _____
Age of person Year in School Full or part time Name of school Total Amount of Aid Received

_____ \$ _____
Age of person Year in School Full or part time Name of school Total Amount of Aid Received

_____ \$ _____
Age of person Year in School Full or part time Name of school Total Amount of Aid Received

Approximate amount needed per year for college for you: \$ _____ Amount saved \$ _____

Amount of financial support you expect to receive for college expenses from sources outside your immediate family such as child support, grandparents, Social Security, annuities, etc.: \$ _____

Other scholarships you have received or expect to receive if known at this time:

Name or source of scholarship _____ Amount \$ _____ per year for _____ years

Name or source of scholarship _____ Amount \$ _____ per year for _____ years

Current annual combined (gross) income range of parents/guardians: (Check one.)

_____ Below \$29,999 _____ \$30,000-\$45,999 _____ \$46,000-60,999 _____ \$61,000-80,999 _____ Over \$80,000

EXTENUATING CIRCUMSTANCES – See Page 7.

COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
Personal Insight Essay

On this page, write an essay of 200-300 words that answers two of the following three questions: **1.) Who has helped you reach your goals?** **2.) How will you be successful in college and in life?** **3.) What do you perceive to be the biggest obstacle to your success?** Restate the question in the first sentence of the paragraph or each section of your essay. If you mention other people, refer to them without using their name, such as father, mother, brother, sister, etc. Also follow all instructions on the Directions and Checklist page.

COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
Extenuating Circumstances

This page is provided for **optional** applicant use.

This page is to be used to explain extenuating circumstances, both past and present, that have not been addressed in other portions of this application. Do **not** use any family member's last name. Refer to people as father, mother, sister, brother, etc. Please keep your explanation brief. Under **no** circumstances should an explanation be longer than the space provided on this page.

Last Four Digits of the Student's Social Security Number: _____

**COMMUNITY FOUNDATION OF SOUTHERN INDIANA
Common Scholarship Application
High School Guidance Counselor Page**

**THE STUDENT IS TO COMPLETE THE TOP SECTION BEFORE SUBMITTING THE ENTIRE APPLICATION
AND ONE COMPLETE COPY OF THE APPLICATION TO THE COUNSELOR BY JANUARY 16, 2009.**

Student's Name : _____

Name of High School: _____

County of High School: _____

THIS SECTION IS TO BE COMPLETED BY THE HIGH SCHOOL GUIDANCE COUNSELOR

Counselors: Please attach this student's most recent transcript and test scores including SAT, ACT, and ISTEP GQE to the applicant's original application. A 7th semester transcript will be required if this student is selected as a semi-finalist.

Return the original and the copy to the Community Foundation by January 23, 2009.

High School Record (*calculated on 6 semesters*)

Number of credits planned for graduation: _____ Number of credits attained thus far: _____

GPA (on an unweighted, 6th semester 4.0 scale): _____ Rank _____ out of _____

Highest SAT Scores: CR: _____ M: _____ W: _____ Date(s): _____

Highest Composite ACT Score: _____ Date(s): _____ Date of Graduation: _____

Total number of absences throughout this student's high school career: _____

Please place a **Y** for yes and an **N** for no in each of the corresponding categories.

Is this student a registered 21st Century Scholar? _____ Likely to become a recipient of this award? _____

Indiana Academic Honors Diploma _____ Core 40 Diploma _____

Did this student pass both required sections of the ISTEP GQE? _____

Extenuating circumstances or comments that the counselor deems necessary, but are not required, may be attached and titled "Confidential Counselor Comments" and affixed to the student's original application.

Counselor's Name Printed

Counselor's Signature

Counselor's Email Address

(_____) _____
Counselor's Daytime Phone Number