



THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM

Administered through the Community Foundation of Southern Indiana

2009 Scholarship Application Directions and Checklist

Lilly Endowment Inc. designed its Lilly Endowment Community Scholarship Program to raise the level of educational attainment in Indiana and increase awareness of Indiana's community foundations' commitment to improve the quality of life for the state's residents. The Endowment will provide all funding necessary for awarding as many as two scholarships in each of the counties we serve: Clark, Floyd and Harrison. The scholarship provides a full-tuition scholarship to any four year accredited Indiana college or university. Additionally, an annual stipend of up to \$800 is awarded for books and required fees. The Endowment hopes that this program will encourage many of Indiana's most talented students to consider pursuing occupations in Indiana following graduation.

Eligibility:

- * Be a resident of Clark, Floyd, or Harrison county
- * Graduate from an accredited high school in Clark, Floyd, or Harrison county by June 2009 having attained a Core 40 or Indiana Academic Honors Diploma
- * Must have passed both sections of the ISTEP GQE at the time of application
- * Enroll in a four-year (baccalaureate) college degree program, either public or private
- * Must enroll in an accredited Indiana college or university in the calendar year of high school graduation

Each question on the application has merit.

Application: Read the entire application first. **Complete it using a typewriter or computer.** If you use a computer, remember to save the document as you work. When complete, print it, sign where indicated and 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 one complete copy** to your high school guidance counselor **by January 9, 2009**. Incomplete applications will be disqualified. Your guidance counselor will complete Page 8 and submit the application and its copy to the Community Foundation Office by January 16, 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 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.**

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.

Personal Evaluations: Select one teacher, counselor, coach, minister, or extra-curricular sponsor who knows you well and can evaluate your character. You may **not** select a relative. Give this person a printed version of Page 7 for completion. The evaluator, who may not be not a relative of the applicant, must return the complete evaluation form in a sealed envelope to the student or to the student's high school counselor by **January 9, 2009**.

Counselor: The student should give you one **completed original application and one copy** of the completed application. Please complete Page 8. Attach a 6th semester transcript for the student, including test scores and the cumulative GPA on a 4.0 scale to the student's original application only. Semi-finalists will be required to submit a 7th semester transcript at a later time. 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, **by January 16, 2009** to the following address: ATTN: Lilly Endowment Community Scholars 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 2008 tax return for verification purposes. Finalists are selected based on the interview. Finalists are, from this point, referred to as nominees. Nominees and at least one alternate per county are then submitted to Independent Colleges of Indiana for final selection. As many as two Lilly Endowment Community Scholars will be selected from each county served. Winners will be notified in April, 2009. Students will be required to make their final college selection by May of 2009.

Student Senior Photos: Each nominee, when notified, must provide two (2) wallet-size senior photos (business or résumé style). These photos are necessary for the Community Foundation's annual reporting records and for the Lilly Endowment Yearbook. Do **not** send them with your application, but please remember to retain some for this purpose.

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



THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 Scholarship Application

Is this the original scholarship packet? _____

Read the directions and checklist packet prior to completing this application.

Student's Full Name: _____

Residing Address: _____ County: _____

Mailing Address (if different from above): _____

Student's Email: _____

Student's Home Phone: (____) _____ Student's Cell: (____) _____ Date of Birth: _____

Student's High School: _____

List the Names of Parent(s) or Legal Guardian(s) with whom you live:

Mother, Step, etc. (Name) _____ Highest Completed Education (Degree or Grade) _____

Father, Step, etc. (Name) _____ Highest Completed Education (Degree or Grade) _____

Student's Intended Course of Study if Known: _____

List the Indiana college or university that you may attend if you are selected as a Lilly Endowment Community Scholar.

- * 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 Community Foundation of Southern Indiana 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 Southern Indiana 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 Southern Indiana 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.
- * I am not an immediate family member of someone required to complete a Community Foundation of Southern Indiana Conflict of Interest Policy disclosure. I certify that I am a U.S. Citizen and that all information given in every part of this application is true. I understand that falsification of any information will result in the termination of any scholarship granted.
- * I understand that if I am selected as a semi-finalist, my parents are required to submit 2009 tax returns and a 7th semester transcript will be required.

The information in this document is accurate, and we give our consent for it to be shared with the Community Foundation of Southern Indiana Scholarship Committee and its Board of Directors, Lilly Endowment Community Scholars Program Selection Committee and Independent Colleges of Indiana (ICI). We, both student and parent(s), agree to a personal interview if requested. We also agree to comply with the statements listed above.

Student's Signature

Social Security Number

Date

Parent's Signature

Parent's Signature

Date

Submit your completed application and one complete copy to your counselor by January 9, 2009.

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 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	New Member Award, Top 10%, President, Treasurer
	Sponsor	Smith	Jones	Jones	Smith	
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					
	Hours					
	Sponsor					

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

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
 Administered through the Community Foundation of Southern Indiana
 2009 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 Student's Social Security Number: _____

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 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, 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 \$30,000 _____ \$30,000-\$45,999 _____ \$46,000-60,999 _____ \$61,000-80,000 _____ Over \$80,000

EXTENUATING CIRCUMSTANCES – See Page 7.

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

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 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. Refer also to the Directions and Checklist page.

Last Four Digits of Student's Social Security Number:

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 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 Student's Social Security Number: _____

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 Scholarship Application
Personal Evaluation

APPLICANTS MAY SUBMIT ONLY ONE FORM PER APPLICATION

Mark an "X" within the cell describing each characteristic that most adequately identifies (student's first name only) _____ at the present time. This evaluation is **one** of the components of this student's scholarship application. It will be graded on a point basis and added to the student's overall scoring for the final decision making process. Please complete all categories.

Please note: This is not an indicator of perfection; this is an indicator of scholarly endeavor.

Cooperation	Uncooperative	Seldom Cooperative	Sometimes Cooperative	Generally Cooperative	Always Cooperative
Respectful	Disrespectful	Seldom Respectful	Sometimes Respectful	Usually Respectful	Always Respectful
Class or Work Preparation	Never Prepared	Occasionally Prepared	Partially Prepared	Generally Prepared	Always Prepared
Motivation	Purposeless	Vacillating	Usually Purposeful	Effectively Motivated	Highly Motivated
Concern for Others	Indifferent	Self-Centered	Somewhat Social	Generally Concerned	Deeply Concerned
Responsibility	Unreliable	Somewhat Dependable	Usually Dependable	Conscientious	Assumes much Responsibility
Integrity	Little Integrity	Questionable	Generally Honest	Reliable	Consistently Trustworthy
Self-Concept	Feeling Nothing Ever Goes Right	Often Defeated	Somewhat Self-Confident	Usually Self-Confident	Consistently Shows Poise and Confidence
Outlook on Life	Bitter Most of the Time	Sarcastic	Sometimes Optimistic	Usually Pleasant	Looks Consistently on the Bright Side
Self-Disciplined to Live Within Rules and Regulations	Rebellious	Resistive	Conforms	Lives Comfortably Within Limits	Support and Encourages Regulations

 Evaluator's Name (printed)

 Evaluator's Signature

 Date

()
 Daytime Phone

()
 Evening Phone

 Relationship to the Student

 Name of Organization

The evaluator, who is not a relative of the applicant, must return the complete evaluation form in a sealed envelope, labeled with the student's name and the scholarship title, to the student or to the high school counselor by January 9, 2009.

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

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP PROGRAM
Administered through the Community Foundation of Southern Indiana
2009 Scholarship Application
High School Guidance Counselor Page

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. Semi-finalists will be required to submit a 7th semester transcript.

Return the original and the copy to the Community Foundation by January 16, 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: _____

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