



"Making Generosity Last Forever"™

# Community Foundation of Crawford County

4030 E. Goodman Ridge Road • Box D • Marengo, IN 47140

(812) 365-2900 • cf-cc@cf-cc.org

## 2023 LILLY ENDOWMENT COMMUNITY SCHOLARSHIP APPLICATION

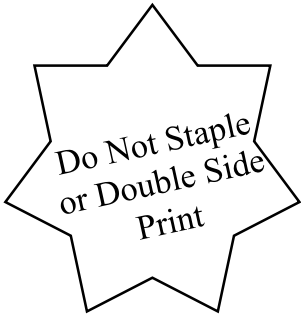
The Community Foundation of Crawford County (CFCC) is a non-profit organization that builds a permanent resource of funds to meet current and future community needs. The CFCC has dedicated a portion of its focus to providing scholarships for area students.

**DIRECTIONS:** All students who will graduate in the top 20% of their class from Crawford County High School are eligible for the scholarship. Type or print clearly. Page one (1) is for documentation only and is not distributed to the selection committee; therefore, you are asked to list only the last four digits of your Social Security number on the General Information pages. Failure to complete all sections of this application and include all attachments will affect the outcome of the scholarship evaluation.

**NOTE:** Late applications will not be considered.

Completed applications and all required attachments must be received at the

Crawford County High School Office by September 2, 2022.



### TO BE COMPLETED BY THE STUDENT

Last four digits of your Social Security Number: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

### TO BE SIGNED BY THE STUDENT AND SCHOOL OFFICIAL

I AM (√) / AM NOT (√) an immediate family member of a current or former CFCC Board Member.

I certify that I am a U.S. citizen and that all information given in every part of this application is true. I understand the CFCC may require further verification of this information from me. I also understand that falsification of any information will result in the termination of any scholarship granted.

Student \_\_\_\_\_ Date \_\_\_\_\_

I do hereby affirm that I have verified transcripts, class ranks, test scores, diploma type, GPA, and school attendance for the student listed above.

School Official \_\_\_\_\_ Date \_\_\_\_\_

**2023 GENERAL INFORMATION**  
(completed by all applicants)

Last four digits of your Social Security Number: \_\_\_\_\_

**FAMILY OVERVIEW**

Parents' current marital status (check one):  Single  Married  Separated  Divorced  Widowed  
Occupation Employer Length of Employment

Parent/Guardian 1 \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

List the number of family members currently living in your household: \_\_\_\_\_

List the ages of brothers, sisters, stepbrothers, stepsisters currently living with you in your home including those in which the family is supporting in college. Do not include names.

Are you a first generation college student (first person in your immediate family to attend college)?  Yes  No

List college or technical school students in your family next year (not including yourself) Do not include names.

<u>Age</u>	<u>Year in School</u>	<u>Full or Part-time</u>	<u>Name of School</u>	<u>Amount of Aid Received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SCHOOL & COMMUNITY INVOLVEMENT/ACHIEVEMENTS**

REQUIRED: Attach an additional page with only the Last four digits of your Social Security Number in the top right corner. Title the page "School /Community Involvement/Achievements", and list your high school extra-curricular activities including work, clubs, sports, and volunteering activities in your community and/or place of worship. Be sure to list all honors, awards, and leadership positions. Here is an example of how you will want to organize your attachment. You may add more categories.

Start Date	Finish Date	Club/Activity/Employer/ Organization	Contact Person	Phone w/Area Code	Office/Position Held	Honors/Notable Achievements Received	Average Hrs./Wk.
8/15/18	12/20/20	JV & Varsity Basketball	Coach Jones	812.555.5555	Starting 5	Most Rebounds, Most Assists	12/wk.
5/25/17	8/2/20	Ice Cream Shop (Summer Only)	Jane Smith	812.555.5556	Waiter	Night Manager	35/wk.
8/5/17	Current	Food Pantry	Anna Jones	812.555.5557	Volunteer		2/wk.

**GUIDANCE DEPARTMENT ONLY**

**SCHOOL ACADEMIC & ATTENDANCE RECORDS**

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ (based on 6 semesters) Cumulative weighted grade point average (GPA): \_\_\_\_\_ out of 4.0 ONLY.

SAT Score: \_\_\_\_\_ out of \_\_\_\_\_ ACT Score: \_\_\_\_\_ out of \_\_\_\_\_

Attendance: Days Present Freshman Year \_\_\_\_\_ Sophomore Year \_\_\_\_\_ Junior Year \_\_\_\_\_ Senior Year \_\_\_\_\_

Days Absent Freshman Year \_\_\_\_\_ Sophomore Year \_\_\_\_\_ Junior Year \_\_\_\_\_ Senior Year \_\_\_\_\_

Type of diploma the student is "on track" to graduate: \_\_\_\_\_ AHD \_\_\_\_\_ CORE 40 \_\_\_\_\_ Tech Honor \_\_\_\_\_ General

Signature of Guidance Department Representative: \_\_\_\_\_

**EDUCATION PLANS**

College/University you plan to attend \_\_\_\_\_

City \_\_\_\_\_ Major \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

Current annual taxable combined (gross) income range of parents/guardians (check one):

\_\_\_\_ \$30,000 or below    \_\_\_\_ \$30,001 - \$45,000    \_\_\_\_ \$45,001 - \$60,000    \_\_\_\_ \$60,001 - \$80,000    \_\_\_\_ \$80,001 or more

**Estimated Family Contribution (EFC) - found on Early FASFA Worksheet** \_\_\_\_\_

- I have filed and attached a copy of my Early FAFSA Worksheet to this application.
- I understand that if selected to interview for this scholarship, I may be required to provide copies of official FAFSA Reports.

I certify that all information provided is accurate and true, to the best of my knowledge:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Printed

\_\_\_\_\_  
Date

### **Attachments & Instructions**

- One typed Recommendation Form from a non-family member. The form must be mailed or emailed separately from application to (4030 E. Goodman Ridge Rd., Marengo IN 47140 or lfraime@cf-cc.org)
- Typed Personal Insight Essay:
  - *typed essay of no fewer than 500 words introducing yourself, defining your vision and personal goals, explaining your chosen field of study, and including where you envision yourself in 10 years*
- Copy of official transcript of grades
- Indiana college acceptance letter required by the time of the interview if selected
- Indiana college financial aid letter(s) if available by the time of the interview if selected
- Completed Early FASFA Worksheet (official FAFSA reports may be required by interviewees)
- \*Optional\* Extenuating Circumstances Explanation
  - *explain any circumstances affecting your life (academic performance, attendance, financial, familial) in no more than 250 words*

## 2023 CFCC LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

- Full tuition/fees for four years plus \$900/year for required books and required equipment.
- For a student within the school district of Crawford County who will have graduated in the top 20% of their class from Crawford County High School by the end of June 2023 .
- Student intends to pursue a full-time baccalaureate course of study at an accredited public or private nonprofit college or university in Indiana.
- Three to five students will be selected to interview with the selection committee before the final decision is made.
- Recipient must notify the Community Foundation of Crawford County and Independent Colleges of Indiana of his or her final college selection by April 28, 2023.

### LECSP Code of Conduct & Applicant's Affirmation

**By initialing each item and signing this agreement, I confirm the following representations:**

\_\_\_ I understand that my conduct, both in the classroom and elsewhere, is important to my selection as a Lilly Endowment Community Scholar. I understand that my conduct at any time prior to, during and after the selection process and throughout the scholarship period may affect my eligibility to become or remain a Lilly Endowment Community Scholar.

\_\_\_ I understand that certain forms of misconduct may, in the reasonable discretion of Independent Colleges of Indiana (ICI), result in my loss of eligibility to continue receiving a scholarship. I understand that such misconduct includes substantiated plagiarism, cheating, or dishonesty in my educational activities; conviction of a crime or credible evidence of my likely guilt in a matter of a criminal nature; and other forms of misconduct as determined in the reasonable discretion of ICI.

\_\_\_ If I am arrested or charged with any crime, or investigated for any misconduct, including academic misconduct, I will promptly notify ICI. I understand that any such notification will not automatically disqualify me from continued eligibility to receive a scholarship, but it will allow ICI to review such circumstances and make a determination regarding my continued eligibility. In connection with any alleged misconduct, including academic misconduct, on my part, I grant consent to ICI to contact my college or university to discuss and investigate such allegations.

\_\_\_ 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 2023-2024 college school year.

\_\_\_ I will account for and return any amount of the special allocation to the CFCC/Independent Colleges of Indiana for required books and equipment remaining at the end of each school year.

\_\_\_ To assist with the processing of my scholarship payments each semester or quarter **and to avoid late fees**, I will forward immediately to the CFCC all invoices received for tuition and any eligible fees that may be covered by my scholarship.

\_\_\_ Upon graduation, I will keep the CFCC 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 CFCC.

\_\_\_ I agree to notify Independent Colleges of Indiana and the CFCC 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 CFCC 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 CFCC.

Applicant's signature \_\_\_\_\_