



# **COMMUNITY FOUNDATION OF SWITZERLAND COUNTY, INC.**

## **LILLY ENDOWMENT COMMUNITY SCHOLARSHIP APPLICATION & INSTRUCTIONS**

The Community Foundation of Switzerland County, Inc.  
operates and administers this scholarship without discrimination.

**Be sure to review the Application Requirements. Applications Must Be Typed.**

### **Application Requirements:**

- Minimum of a 3.0 GPA on a 4.0 scale
- Must be a graduate from Switzerland County High School or resident of Switzerland County
- Must be receiving/have received an Academic Honors Diploma
- SAT scores are taken into consideration
- Financial Need: must be willing to submit a *College Costs Estimator* and sign approval for a report to be sent to the Community Foundation
- Activities (community service, school activities & work experience) are taken into consideration
- Essay required
- Must participate in a monitored, 45-minute writing session
- Will attend an Indiana college or university
- Will be entering college for the first time in the fall of 2010
- Must plan on pursuing a full-time baccalaureate course of study (4-year program)
- Are of good character and are willing to be held to a higher expectation level in all facets of life
- Are willing to sign a Code of Conduct Agreement

### **Criteria:**

- Academic Performance: 25% - Measurements include: GPA of 3.0 or above; SAT scores; Academic Honors Diploma required.
- Financial Need: 25% - Based on *College Costs Estimator* report from the National Center for College Costs.
- Activities: 25% - Measurements include: Involvement in school activities, community service, and work experience. Consideration on quality of service, not quantity.
- Writing Samples: 25% - Measurements include: Responses to the questions, ideas, organization, creativity, grammar and overall impression. Must be typed following instructions.

**APPLICATIONS MUST BE RECEIVED  
AT THE COMMUNITY FOUNDATION OFFICE  
BY 4:00 P.M. ON THURSDAY, JANUARY 7, 2010.**

**Do not include this page**

The Lilly Endowment Community Scholarship will provide full tuition for four years of undergraduate study leading to a baccalaureate degree, all required fees, and up to \$800 a year for required books and equipment. The scholarship is good at any Indiana public or private college or university accredited by the North Central Association of Colleges and Schools. Anyone receiving the Lilly Endowment Community Scholarship is required to notify all other scholarship committees applied to that you are a Lilly Endowment Community Scholar. Any other scholarships that are for tuition only must be declined.

### **CHECK LIST**

Use the following checklist to be sure you have included all of the information necessary to be considered for the scholarship.

**Please put your packet together in the following order and staple it once in the upper left hand corner. Please do not place your application inside a folder or any other binding cover.**

- General Information Page
- Activities List
- Required Essay
- Transcript Request Page
- Certification/Affirmation Page
- Authorization to Release Information Page

**Please see the Authorization to Release Information page for instructions on how to complete the College Costs Estimator Form. The College Costs Estimator must be completed by 4:00 p.m. on January 7, 2010. Failure to do so will result in the student being ineligible for the Lilly Endowment Community Scholarship.**

- Parent(s)/Guardian(s)**, be sure to sign the Transcript Request page, Certification/Affirmation page, and the Authorization to Release Information Form for the College Costs Estimator.
- Applicant**, be sure to sign the Transcript Request page, Certification/Affirmation page, and the Authorization to Release Information Form for the College Costs Estimator.
- Applicant, make sure that your name is included on every page that you submit.
- Make a copy of the complete application for your records.
- Lastly, turn completed application in to the Community Foundation office (303 Ferry Street in Vevay) no later than 4:00 p.m. on January 7, 2010. Late applications will not be accepted.

**Do not include this page**

## **GENERAL INFORMATION**

### **STUDENT IDENTIFICATION INFORMATION**

Using a separate sheet of paper, please provide us with the following information, **numbering your answers to coordinate with the question numbers below**. Must be typed.

1. Full Name- first name, middle initial, & last name
2. Permanent Home Address- street address, city, state, & zip code
3. Telephone Number
4. E-mail Address
5. Date of Birth
6. College You Plan on Attending and City & State in which it is located- if there is more than one choice, list your first preference first, etc.

**Do not include this page**

**ACTIVITIES & ESSAY**

**ACTIVITIES**

Following the outline below, on a separate sheet of paper, please record your activities. List them in the order of importance to you within each of the three categories and include only hours spent outside the classroom. Include 4 years of high school activities. Must be typed and your name and page number should be indicated in the upper right-hand corner of the document.

<i>Activity</i>	<i>Year</i>	<i>Avg. Hours per Year</i>	<i>Leadership positions, Awards, Letters earned, Recognition, Etc.</i>
<i>School Activities</i>			
<i>Community Service</i> (Volunteer activities that benefit and improve the community)			
<i>Employment</i> (Provide your employer's name, the specific nature of the work and if your employment occurred during the school year or during the summer.)			

**REQUIRED ESSAY**

Essays should be typed, doubled spaced, with 1” margins and each page identified with your name and page number in the upper right-hand corner.

In 400 – 500 words, please write on the following:

**“If you could have dinner with a famous person, deceased or alive, who would it be and why?”**

**MONITORED WRITING SESSION**

Applicants will be required to participate in a 45-minute monitored writing session. This session will occur immediately following a school day and will be scheduled following the application deadline.

**Do not include this page**

**TRANSCRIPT REQUEST  
FOR THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP**

**REQUEST FOR TRANSCRIPT**

Following the Lilly Endowment Community Scholarship deadline, the Community Foundation of Switzerland County will ask the guidance counselor to fill out this form and attach a transcript to it. You will only need to complete the "Student's Name" line (may be handwritten) and sign the Authorization at the bottom of this page.

Student's Name \_\_\_\_\_

Last

First

MI

**For High School Guidance Counselor to Complete:**

Please attach a copy of the student's transcript (must include first trimester of senior year) to this form.

Please provide the following information:

(If any of the below requested information is on the transcript, you will not need to provide it here.)

1. Academic Performance

Rank in class \_\_\_\_\_ out of \_\_\_\_\_

GPA \_\_\_\_\_

SAT: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Total \_\_\_\_\_

2. Type of diploma the student will receive at graduation \_\_\_\_\_

3. Is applicant receiving other substantial aid to your knowledge? \_\_\_\_\_

If so, please describe:

**AUTHORIZATION**

I (we) authorize Switzerland County High School to release the transcript for the above student to the Community Foundation of Switzerland County for use only on the determination of the Lilly Endowment Community Scholarship.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Include this page**

**CERTIFICATION**

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. If asked by any authorized official of the Community Foundation of Switzerland County, I (we) agree to give documentation for information given on this form.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*All parties involved in this application must sign this certification in order to have the application considered.*

**AFFIRMATION FOR LILLY ENDOWMENT COMMUNITY SCHOLARSHIP**

“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 2010-2011 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 Community Foundation of Switzerland County, Inc. immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship.”

“I will account for and return to Independent Colleges of Indiana (ICI) 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 Switzerland County, Inc. 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 Switzerland County, Inc. 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 have applied to only one community foundation for this year’s Lilly Endowment Community Scholarship.”

“If chosen, I give my permission to the Community Foundation of Switzerland County, Inc. to use any general, non-financial information provided in this application for public relations purposes and will provide a nonreturnable portrait-style photograph to the Foundation.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

***(By signing this, you are agreeing to all of the above.)***

**Include this page**

**AUTHORIZATION TO RELEASE INFORMATION**

**COLLEGE COSTS ESTIMATOR**

To complete the College Costs Estimator, visit the National Center for College Costs website at [www.collegecosts.com](http://www.collegecosts.com). Once there, click on “Our Programs”, then “College Costs Estimator Program”, then “Online College Costs Estimator Form”. You will be asked a few questions and then you will be informed that you are eligible to participate in the College Costs Estimator program. Next, click on “Continue Creating a Login” and fill out the form. After you have created an account, you will begin completing the College Costs Estimator online (“Submit a College Costs Estimator”).

*Please Note: Even if you have completed a College Costs Estimator in previous years, you will still need to submit a new one so that we can have the most accurate, up-to-date information as possible. The only exception is if you completed an Estimator after September 1, 2009. In this case, you will need to contact the National Center for College Costs at 877-687-7291 to see if your previously submitted form can be used.*

If your family does not have access to the internet, please contact the high school guidance counselor or the Community Foundation at 812-427-9160 and we can make arrangements for you.

**The Lilly Endowment Community Scholarship applicant and a parent/guardian must sign the below Authorization and include this page in your application.**

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Murray & Associates/The National Center for College Costs to release any and all information reported on the College Costs Estimator submitted for \_\_\_\_\_  
(Name of Student)

to the Community Foundation of Switzerland County, Inc. solely for use in its Lilly Endowment Community Scholarship selection process. I understand that the Community Foundation of Switzerland County, Inc. will hold this information strictly confidential and will use it only for scholarship selection purposes.

Signed,

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

\_\_\_\_\_  
Parent/Guardian\* Date

\*A parent signature is requested for dependent students since parent information contained in the form will be released (along with student information) as a part of the analysis process.

If you have any questions about the Lilly Endowment Community Scholarship, please contact:

**Community Foundation of Switzerland County, Inc.**  
**303 Ferry Street, P.O. Box 46, Vevay IN 47043**  
**812.427.9160**  
[info@cfsci.org](mailto:info@cfsci.org)

**Include this page**