



Lilly Endowment Community Scholarship

Application and all required materials **due to**
 Allen County High School **Guidance Office** by school deadline:
 See guidance counselor

Sept. 2nd

| Scholarship History | Application Requirements |
|--|--|
| <p>In the spring of 1997, Lilly Endowment Inc. announced a partnership with 90 community foundations around the state to raise the level of educational attainment in Indiana and to increase awareness of community foundations' potential to improve the quality of life for the state's residents.</p> <p>Through this program, we encourage talented students to attend one of Indiana's fine higher education institutions and, after graduation, consider pursuing occupations in Indiana.</p> | <p>A signed copy of the scholarship application, including:</p> <ul style="list-style-type: none"> • Copy of 2021 Income Tax Return or W2 forms (for the applicant and applicant's parents/guardians) and completed FAFSA Form if available • Official Transcript • Essay 1 - What barriers have you or will you have to overcome to attain your educational goals? • Essay 2 - Why are you pursuing your chosen career and what are your long-term goals? |
| Eligibility | Selection Criteria |
| <p>Applicant must:</p> <ul style="list-style-type: none"> • Be a resident of Allen County, Indiana; • Have a GPA of 3.0 or higher; • Graduate during the 2022-23 school year with a diploma from an accredited high school in Allen County; • Successfully complete the Indiana Core 40 degree program or higher; • Intend to apply to an accredited public or private college or university in Indiana to pursue a full-time baccalaureate course of study by the start of the fall 2023 semester. | <ul style="list-style-type: none"> • Must meet all of the eligibility requirements, including overcoming an obstacle • Complete two short essays • Academic Performance • Demonstrate Financial Need • Participate in Work, Community, and School Activities |

| | | | |
|---|-------|--------|------|
| High School | | | |
| Guidance Counselor (first and last name) | | | |
| Applicants Name | First | Middle | Last |
| | | | |
| Address | | | |
| City, State, Zip | | | |
| Phone (best number) | | | |
| Email Address | | | |

Application Instructions:

- Complete each section of this application carefully. Be sure not to leave any areas blank (write N/A if you cannot provide an answer).
- Include requested materials only (i.e., do not include reference letters and ACT scores).
- Do not include the name of the college or institution you plan to attend anywhere in this application (including the essays).
- When printing this application, be sure it is single-sided. (Do not print on the back side of pages.)
- Attach a copy of your official transcript (please ensure that your transcript is not stapled).
- If you and/or your parents/guardians filed a 2021 Income Tax Return, you must attach copies of the Income Tax Returns (black out social security numbers). If your parents/guardians did not file a 2021 income tax return, attach copies of your parent(s)/guardian(s) W2 forms.
- ALL pages of the application, including the cover page, should be submitted.
- IMPORTANT: You MUST sign the last page of this application. If you fail to do so, your application may not be considered.
- Use a paper clip to fasten your application. Please do NOT staple or tape.
- Please keep a copy of this application for your records.

Eligibility Determination

Are you a resident of Allen County, IN? ☐ Yes ☐ No

Do you have a GPA of 3.0 or higher? ☐ Yes ☐ No ☐ Not sure

Type of High School Diploma:

Do you intend to apply to an accredited public or private college or university in Indiana to pursue a full-time baccalaureate course of study by the start of the fall 2023 semester? ☐ Yes ☐ No

Major field of study:

SECTION 1: ACADEMIC INFORMATION

Attach an official copy of your most current high school transcript to this application.

Cumulative GPA:

SECTION 2: FAMILY INFORMATION

Applicant's age:

Applicant's date of birth:

Applicant's marital status: ☐ Single, Divorced, or Widowed ☐ Married/Remarried ☐ Separated

Parents' marital status: ☐ Single, Divorced, or Widowed ☐ Married/Remarried ☐ Separated

Number of people in your household:

If you are a dependent: Include your parent(s) and other children and family members that are living in your household and are claimed as dependents. If you are an independent, include yourself, and (if relevant) your spouse and dependents.

| Parent(s)/Stepparent(s)/Legal Guardian(s) | | | |
|---|-----|---------------------------------|--|
| Name/Relationship to Applicant | Age | Attending College in 2022-2023? | |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |

| Dependents of Parent(s)/Stepparent(s)/Legal Guardian(s) | | | |
|---|-----|---------------------------------|--|
| Name/Relationship to Applicant | Age | Attending College in 2022-2023? | |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> No | Yes, <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |

If there are additional dependents, please list their names on a separate sheet of paper (use the same format as above).

| SECTION 3: FINANCIAL INFORMATION |
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| <p>Please follow these instructions when completing the financial section:</p> <p>Step 1: Determine whether you are an independent or dependent student. If you are unsure, please visit the following website: http://www.finaid.org/calculators/dependency.phtml</p> <p>Step 2: Complete the financial questionnaire (you may need a parent/guardian to help you answer some of the questions).</p> <p>Step 3: If you are a dependent student, please have your parents/guardians complete the Parent(s)/Guardian section of the worksheet on the next page using information from their 2021 Income Tax Return. PLEASE NOTE:</p> <ul style="list-style-type: none"> • If your parents are married or remarried, both parents living in the household are required to list their income and asset information (this may include your biological parents, a stepparent, or adoptive parents). • If your parents are divorced or separated, please have the parent that you are living with or have lived with the most in the past 12 months, complete the parent/guardian section. • Do NOT include information for the parent not living in your household. • If you have not lived with either of your parents for the last 12 months, please contact the Community Foundation of Greater Fort Wayne for additional instructions. • If your parents/guardians did not file a 2021 Income Tax Return, you must attach a copy of your parent(s)/guardian(s) 2021 W2 forms. Also if you've completed the FAFSA Form, please attach it to the application. <p>Step 4: Complete the APPLICANT section of the worksheet. If you did not file a 2021 Income Tax Return, please put a "0" in each field. If you are an independent student, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your 2020 U.S. Income Tax Return.</p> <p>Step 5: If there are unusual circumstances regarding your financial information, you may provide an explanation under "Additional Financial Information."</p> |

Financial Questionnaire

In 2021, did anyone in your household receive benefits from any of the following federal programs?

☐ SSI ☐ Food Stamps ☐ Free or reduced-price lunch ☐ TANF ☐ WIC ☐ None (N/A)

Did your parents/guardians file a 2021 Income Tax Return? ☐ Yes ☐ No

Did your parent/guardians file (or were they eligible to file) a 2021 IRS Form 1040A or 1040EZ? ☐ Yes ☐ No

Have either of your parents recently lost their job or been laid off? ☐ Yes ☐ No

Did you file a 2021 Income Tax Return? ☐ Yes ☐ No

Did you file (or were you eligible to file) a 2021 IRS Form 1040A or 1040EZ? ☐ Yes ☐ No

Financial Worksheet (2021 Tax Year)

| | Parent(s)/Guardian(s) | Applicant |
|---|-----------------------|-----------|
| Adjusted Gross Income | | |
| U.S. Income Tax | | |
| Income earned from work (Father) | | |
| Income earned from work (Mother) | | |
| Income earned from work (Applicant) | | |
| Child support paid: Include children living in another household. Exclude children living in your household. | | |
| Taxable combat pay: Exclude if it was not reported as taxable income. | | |
| Untaxed Income and benefits: <u>Include</u> : child support received, workers' compensation, disability payments, untaxed portions of IRA distributions & pensions, and payments to tax-deferred pension and savings plans. <u>Exclude</u> : welfare payments, untaxed Social Security benefits, and Supplemental Security Income. | | |
| Cash, savings and checking: Enter total current balance of all accounts. | | |
| Net worth of investments: <u>Include</u> stocks, savings bonds, mutual funds, CD's, money market accounts, UGMA and UTMA accounts, rental property, a second residence, commodities, trust funds, stock options, securities, qualified education benefits, qualified education savings accounts as well as installment and land sale contracts. <u>Exclude</u> your home and retirement plans. | | |
| Net worth of businesses/investment farms: Exclude a business you own if it employs less than 100. Exclude farm if you live on your farm, own your farm and actively participate in its operations. Include farm if you rent farm ground out to someone else. If you receive pasture rent from another individual, or own a partnership interest in a family farm that you do not actively participate in, please contact the Community Foundation of Greater Fort Wayne at 260-426-4083. | | |

Additional Financial Information

If no financial information is provided on the previous page, please provide an explanation below. Also, if there are unusual circumstances regarding the information provided (such as unemployment), or if there are unusual financial circumstances expected in the future, please provide an explanation below (attach a separate sheet of paper if necessary).

SECTION 4: WORK HISTORY, SCHOOL AND COMMUNITY ACTIVITIES

Work History – Include summer and school year employment. Start with your most recent job.

| Employer | Nature of Work | Start/End Date | Hours per Week | Hourly Pay |
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| School Activities – Include all school-related activities such as band, athletics, student government, etc. | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|----------------------------|
| Activity | Year (please check) | | | | Hours per week | Leadership position/Awards |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
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| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |
| | <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JU | <input type="checkbox"/> SR | | |

| Community Activities – volunteer, religious, scouts, etc. | | | |
|---|----------------|----------------|----------------------------|
| Activity | Start/End Date | Hours per week | Leadership position/Awards |
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| SECTION 5: ESSAYS |
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| <p>Two essays are required for this scholarship. On separate sheets of paper, please submit typed biographical essays addressing the following questions (do not include the name of the college or university you plan to attend in either of the essays):</p> <p>Essay 1: What barriers have you or will you have to overcome to attain your educational goals? <i>(Essay must be 2-5 pages, double spaced)</i></p> <p>Essay 2: Why are you pursuing your chosen career and what are your long-term goals? <i>(Essay must be 1-3 pages, double spaced)</i></p> |

Signing below indicates your agreement to the following statements:

"I have not applied for another Lilly Endowment Community Scholarship in a different county."

"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 maximum amount of my scholarship is calculated on the basis of my chosen college's tuition and required fees beginning with the 2023-24 school year."

"To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward to the Community Foundation immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship, as required."

"I understand that the special allocation provided to me is to be used to pay for required books and required equipment for my courses of instruction. I will personally keep receipts and other documentation to verify that the special allocation was used only for this intended purpose and will provide those receipts and documents to Independent Colleges of Indiana upon request. If the amount remaining exceeds \$25, I will return to Independent Colleges of Indiana the balance of the special allocation 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 apprised annually by June 1 of my enrollment and academic status during college, by completing and returning any surveys or forms as may be provided."

"Upon graduation, I will keep the Community Foundation apprised annually by June 1 of my education and/or employment status for at least 10 years after graduation, by completing and returning an alumni survey or other forms as may be provided by the Community Foundation."

"I understand that my behavior and conduct, both in the classroom and elsewhere, is important to my selection as a Lilly Endowment Community Scholars. I understand that my character and conduct at any time prior to and after the selection process may impact my eligibility to become or remain a Lilly Endowment Community Scholar."

"I certify that all information on this form is true and complete to the best of my knowledge. If asked by any authorized official of the Community Foundation, I agree to give documentation to support the information given on this form."

Applicant's signature: _____ Date: _____

Award notifications will be made in mid-December of 2022