

**Lilly Endowment Community  
Scholarship  
Application  
2000**



The **Lilly Endowment Community Scholarship Program** is designed to raise the level of educational attainment in Indiana and increase awareness of the potential of Indiana's community foundations to improve the quality of life of the state's residents.

To further this goal, **Lilly Endowment** will provide funding to enable the **Unity Foundation of LaPorte County** to offer this tremendous scholarship program providing full tuition, required fees, and a special allocation of up to \$700.00 per year for required books and required equipment for four years of undergraduate study on a full-time basis leading to a baccalaureate degree at any Indiana public or private college or university accredited by the North Central Association of Colleges and Schools.

**Deadline:** Completed application package must be postmarked or received at the Unity Foundation office by **February 14, 2000**. You may call (219)879-0327 to arrange hand delivery or mail to:

**The Unity Foundation of LaPorte County  
P.O. Box 527  
Michigan City, IN 46361**

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**Certification:**

I hereby affirm that the information provided on and through this form is accurate and complete to the best of my knowledge, and that I was the person who completed this application. I also understand the requirements for eligibility are: 1.) I reside in LaPorte County; 2.) I will have graduated from an accredited LaPorte County High School by June 30, 2000; 3.) I have been accepted and intend to pursue a full-time baccalaureate course of study beginning in the fall of 2000 at an accredited public or private Indiana college or university.

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Applicant's Signature

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Date

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**A complete application packet will include:**

- ✓ Completed Lilly Endowment Community Scholarship Application
- ✓ Official transcripts through Junior year (6<sup>th</sup> semester) of high school (7<sup>th</sup> semester to be submitted as soon as available)
- ✓ An official copy of ACT/SAT results
- ✓ One-page essay

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**Lilly Endowment Community Scholarship Program  
of the  
Unity Foundation of LaPorte County, Inc.**

**LETTER OF AGREEMENT**

Please initial next to following statements to show your understanding and agreement of the requirements and responsibilities of being a Lilly Endowment Community Scholar, should you receive this award.

\_\_\_\_\_ 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 2000-2001 school year.

\_\_\_\_\_ I will keep the Unity Foundation of LaPorte County apprised annually of my academic status during college and my post-graduation status (education and/or employment) for at least five years after graduation.

\_\_\_\_\_ I will account for and return any amount of this special allocation for required books and required equipment remaining at the end of each school year.

\_\_\_\_\_ I understand that if selected as a Lilly Endowment Community Scholar, I must designate which college I will attend prior to April 28, 2000.

\_\_\_\_\_ If selected as a finalist, I agree to participate in a personal interview with the Selection Committee and attend a scholarship awards reception to be held at a future date.

\_\_\_\_\_ I understand that the information provided on this application is accurate and complete to the best of my knowledge. Falsification of information may result in the termination of this scholarship.

\_\_\_\_\_ The Unity Foundation of LaPorte County has my permission to use my photograph and any general, non-financial information included in this application for publicity purposes. I may be asked, but not required, to speak at schools, etc. to encourage others to raise their educational aspirations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# LILLY ENDOWMENT COMMUNITY SCHOLARSHIP APPLICATION

**Unity Foundation Of LaPorte County**  
P.O. Box 527 Michigan City, IN 46361

## I. APPLICANT INFORMATION

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

College Address: \_\_\_\_\_  
(If known) Street City State Zip

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ LaPorte County Resident?: \_\_\_Y \_\_\_N

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## II. FAMILY INFORMATION

Name of father/stepfather/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone

Place of Work: \_\_\_\_\_  
Employer City State Phone

Name of mother/stepmother/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone

Place of Work: \_\_\_\_\_  
Employer City State Phone

Siblings: How many at home? \_\_\_\_ How many enrolled in college now? \_\_\_\_

Check if applicable: [ ] father deceased [ ] mother deceased [ ] parents divorced

Name of Spouse (if married): \_\_\_\_\_

Spouses employer: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**III. COLLEGE/UNIVERSITY INFORMATION**

College you are planning to attend: \_\_\_\_\_

Full Time Student?: \_\_\_\_\_ Yes \_\_\_\_\_ No # Credit hours plan to take: \_\_\_\_\_

Will you have a car on campus? \_\_\_\_ Yes \_\_\_\_ No If yes, give year & make: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

List any other Scholarships you have applied for this year: \_\_\_\_\_

\_\_\_\_\_

**IV. SCHOOL & COMMUNITY ACTIVITIES** Using only the space below, list extra-curricular, community, and religious activities in which you have participated during the past 4 years. Please list the activities in order of importance to you.

ACTIVITY	# of Years	Leadership Positions, Awards & Recognition

**V. WORK EXPERIENCE:** Using only the space below, please list paid work experience you have had during the past four years, beginning with your most recent position.

Employer	Nature of Work	Dates of Employment	Hours/week

**VI. FINANCIAL INFORMATION \***

**Social Security #** \_\_\_\_\_

(\*\*You may estimate some of these items if necessary.)

**INCOME, IRS INFORMATION, AND SAVINGS DATA** This information must come from the IRS Form 1040, 1040A, or 1040EZ that was filed **most recently** by the parent(s) who claimed the applicant as a dependent. **Independent students should NOT fill in lines 3 and 4.**

**\*\*Expenses:**

1. Adjusted Gross Income	\$ _____	Tuition	\$ _____
2. U.S. income tax paid ( <b>not withheld</b> )	\$ _____	Room/Board	\$ _____
3. Income earned from work by Mother	\$ _____	Fees & Books	\$ _____
4. Income earned from work by Father	\$ _____	Medical &	
5. Spouses income (if married)	\$ _____	Personal Costs	\$ _____
5. Income earned from work by independent student	\$ _____		
6. Untaxed income & benefits: Soc. Sec., AFDC, ADC, other	\$ _____	Transportation	\$ _____
7. Medical/Dental expenses not paid by insurance	\$ _____	Other	\$ _____
8. Cash, savings, or checking accounts, stocks, CD's, etc.	\$ _____	Total Expenses	\$ _____

**VII. REFERENCES** Provide names, addresses, and home & work phone numbers of two references for the Committee to contact. They should be non-family members who know you and your achievements and goals well. **NO LETTERS, PLEASE.**

Name _____	_____	_____
	<b>Relationship or Title</b>	<b>Day Phone</b>
Address _____		
_____		<b>Home Phone</b>
Name _____	_____	_____
	<b>Relationship or Title</b>	<b>Day Phone</b>
Address _____		
_____		<b>Home Phone</b>

**\* The Unity Foundation and its Scholarship Committee will hold all information supplied within this application in the strictest confidence.**



**3. Tell us why you believe you should get this special award.**

**4. Please explain any circumstances or factors which you feel warrant special attention. Include any unusual personal, family, or financial circumstances.**

**IX. ESSAY**

Please attach a typewritten response, **not to exceed 250 words (1 typed page)** to one or both of the following questions:

- 1. How does an individual best contribute to his or her community?**
- 2. Describe the contribution you have made or hope to make as an individual and a member of your chosen profession?**

*Please be sure that you included your social security number on each page and that you have signed the certification on page 1.*