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| **Lilly Endowment**  **Community Scholarship**  **Application**  **2021 Cohort** |

*Deadline: 5:00 p.m.*

*Thursday, September 10, 2020*

**All materials must be IN OUR OFFICE by 5:00 that day!** Incomplete or late applications will ***not*** be considered; no exceptions are made. Responsibility for ensuring the application is complete and received on time rests solely with the applicant.

**The Community Foundation of White County**

an affiliate of The Community Foundation of Greater Lafayette

www.cfwhitecounty.org

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| **Lilly Endowment Community Scholarship** |

The primary purposes of the Lilly Endowment Community Scholarship Program are 1) to help raise the level of educational attainment in Indiana; 2) to increase awareness of the beneficial roles Indiana community foundations can play in their communities; and 3) to encourage and support the efforts of current and past Lilly Endowment Community Scholars to engage with each other and with Indiana business, governmental, educational, nonprofit and civic leaders to improve the quality of life in Indiana generally and in local communities throughout the state.

Scholarships pay for **full academic tuition and required fees plus an annual $900 allocation for books and equipment for four years at any accredited Indiana college or university selected by the recipient; college or university must be one that awards baccalaureate degrees.** The scholarships are sponsored by Lilly Endowment Inc. and administered by community foundations throughout Indiana. The Community Foundation of White County is administering **one** scholarship in White County for the 2021 awards.

**The Community Foundation of White County**

Your Community Foundation of White County has been serving the White County area since 1998. Our mission is “to inspire people to strengthen White County through charitable giving” through creation of permanent endowments than can provide grants to meet ever-changing needs of our community. Through helping donors fulfill their charitable wishes, we’ve distributed over $4 million to charitable causes in our community. Administration of the Lilly Endowment Community Scholarship Program is one more way we help strengthen our community.

**Eligibility**

Applicants must:

□ Intend to pursue four years of undergraduate study on a full-time basis leading to a baccalaureate degree at an accredited public or private nonprofit college or university in Indiana; student’s chosen college or university must offer baccalaureate degrees

□ Be on track to graduate from an accredited Indiana high school by the end of June, 2021

□ Be a resident of or attending high school in White County

□ Be a U.S. citizen

□ Have a 2.75 or better grade point average on a 4.0 scale (or 7.2 on a 12-point scale)

□ Apply in one county only

The Community Foundation of White County Governing Council members, officers, and selection committee members will not be allowed to participate in any aspect of the nomination process if they have relatives applying for the Lilly Endowment Community Scholarship.

**Criteria for Selection**

Initial selection considerations include: financial need; community and school activities; evidence of leadership and good citizenship; grade point average and difficulty of high school courses taken; and an essay. White County’s selection process is blind (i.e., no names are revealed to the selection committee until finalist interviews). Final recommendation is made after interviews of finalists.

**Progress Criteria**

Upon selection as a LECS award recipient, student will be expected to conduct him/herself in a manner that honors his/her status as a White County representative of the LECS Program. To remain eligible for scholarship payments, the recipient must be law-abiding and maintain high standards of conduct consistent with the student code of conduct at the college or university attended and submit grade reports and reports of expenditures for books and equipment to the Community Foundation of White County. Students also will be required to submit a yearly report keeping the Community Foundation of White County informed of their progress during college and for at least ten years after graduation from college.

**Deadline: application IN our office by 5:00 pm, Thursday, September 10, 2020. No exceptions!**

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| **Application Instructions** |

# READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY!!! Failure to follow instructions may eliminate your application from consideration.

* + ***All materials, including references, must be received in our office by 5:00 pm on Thursday, September 10, 2020 or the application will not be considered.***
  + Fill out the application completely and accurately; incomplete or unsigned applications will not be considered.
  + **Use the application form and the space provided *ONLY.***  **Please use black ink.** Please write legibly. (Applications will be copied for committee review, so dark ink is important.)
  + Include all requested materials -- *and* ***ONLY*** *the requested material;***additional attachments will *NOT* be forwarded to the selection committee!**  (For example, a separate sheet listing your activities *will not be forwarded*. The application requires you to *prioritize*, so select carefully!! Your essay could provide insight by introducing additional activities, if meaningful.)
  + **You must fill out your own application and write the essay in your own words.** It's acceptable to ask someone to review your application, but *all work must be yours*.
  + All pages of application must be single-sided only. Do not use the back of pages to submit information; they will not be considered part of your application. **Also,** if you print off a copy from your computer, **pages must align as originally designed** (no carryover to next page).
  + **Do *not* tape, staple, or glue any part of or anything to your application.** Please secure your application with **a single paper clip** only – thanks!
  + Completed application should be submitted in a large envelope. Do not fold application.
  + Please keep a copy of the application. *We cannot provide copies of any application materials, including references, once submitted.*

**Application Submission**

Use this checklist. Your complete application should include:

🞏 application form (pages 4, 5, & 6)

🞏 completed financial form (pages 7 & 8)

🞏 official high school transcripts

🞏 fall and spring class schedules (i.e. your entire senior year class schedule)

🞏 your essay (***one page only!***minimum 11-pt. font; *additional pages will not be forwarded*)

🞏 three letters of recommendation (no more than one page each; may be sent separately or with application) (pages 9, 10, & 11)

**Notification of awards will be made by December 15, 2020.**

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| **Submit to:**  **The Community Foundation of White County**  **Lilly Endowment Community Scholarship**  **P.O. Box 1154**  **Monticello, IN 47960-1154**  or deliver in person to:  The Community Foundation of White County  1001 Airport Road, Monticello |

**Questions?**

Questions may be directed to your guidance counselor or to the Community Foundation of White County (574.583.6911 or [leslie@cfwhitecounty.org](mailto:leslie@cfwhitecounty.org)).

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| **Lilly Endowment Community Scholarship** |

**Please read and follow all instructions carefully. Incomplete applications will NOT be considered.**

**Applicant Information** Fill out completely. Remember 4-digit social security # at bottom of page.

Name *(last, first, middle)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address *(street) )*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(city,state,zip)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_ County of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information** Provide applicable information.

Full name of father/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of mother/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transcripts** Please include an original of your high school transcripts through 6th semester as well as your schedule of senior classes (preferably, both semesters).

**ABSOLUTE DEADLINE: 5:00 pm, September 10, 2020.**

***No exceptions!***

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| **Certification Please read carefully, mark, sign, and date the following:**   * 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. (College or university must be one that grants baccalaureate degrees.) * 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 2021-2022 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 of White County 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 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 White County 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 White County 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. * If selected, I will notify the Community Foundation of White County no later than February 20 on where I will attend college and provide a letter of admission from that college. * I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge, that I have completed the application and written the essay myself, and that I understand falsification of information will result in termination of my scholarship. * I also affirm that I have not applied for a Lilly Endowment Community Scholarship through any other source. * I give permission for the release of my transcripts to the scholarship selection committee. * I understand that all information submitted by me or on my behalf is confidential.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of applicant Date |

Last 4 digits of applicant’s Social Security Number - \_\_\_\_\_\_\_\_

**School Activities** *(Clubs, student government, National Honor Society, sports, music, drama, etc.)* ***Using only the space below****,* list the most important *school*-*related* activities you have participated in the last four years. **Please list in order of importance to you** (most important first).

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| --- | --- | --- |
| **Activity** | **# of Years** | **Leadership positions, awards, recognition, etc.** |
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**Community Service/Activities *(NOT******SCHOOL-RELATED*** *- Volunteer work, scouts, religious, sports, 4-H, music, drama, etc.)* ***Using only the space below,*** list the most important activities you have participated in the last four years. **Please list in order of importance to you**

(most important first).

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| --- | --- | --- |
| **Activity** | **# of Years** | **Leadership positions, awards, recognition, etc.** |
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**Additional School/Community Recognitions** *(DAR Citizenship Award, Hoosier Girls/Boys State, etc.)* ***Using only the space below,*** list the most important additional recognitions you have received in the last four years. **Please list in order of importance to you** (most important first).

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| **Activity** | **# of Years** | **Leadership positions, awards, recognition, etc.** |
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**Work Experience** Using only the space below, please list paid work experience in chronological order, beginning with your most recent position.

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| --- | --- | --- | --- |
| **Employer** | **Nature of work** | **Dates of Employment** | **Hours/wk** |
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-5- Last four digits of applicant's Social Security number: \_\_\_\_\_\_\_\_

**Academic Information** Fill out completely.

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_ *(on a scale of \_\_\_\_\_\_\_\_\_\_)*

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (include extension #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Rank : \_\_\_\_\_\_ out of a graduating class of \_\_\_\_\_\_ students

**College Applications** Please list all colleges and universities to which you intend to apply. Please indicate your top preference(s) with an asterisk (\*).

**Major** What are your anticipated major and profession?

**Other Awards**

Are you a recipient of the Twenty-first Century Scholars Award? \_\_ yes \_\_ no

Have your received notification of other major scholarship funding? \_\_ yes \_\_ no If yes, please describe.

Have you made a commitment to any branch of the military that will pay for your college tuition?

\_\_ yes \_\_ no

**Essay** Using ***ONE PAGE ONLY*,** please tell us about your goals and how this scholarship will help you reach them. Are there any unique circumstances *(such as family situations, participation or inability to participate in certain activities, etc.)* or special achievements? Your essay should open a door to your personality and reveal what is important to you, not simply reiterate a resume of activities. Give us any information about yourself that you believe would help in our selection of a scholarship recipient.

**Applicant must write his or her own essay or application will be disqualified.** Please use only standard white 8 1/2 x 11 paper -- no card stock, and no colored or designed paper! Your ***one-page*** essay may be handwritten – but must be legible. If you type or use a computer, please do not use anything smaller than a size 11 font.

**Please note:** ***The last four digits of your social security number MUST be in the lower right corner of the essay page.*** *Do* ***not*** *include your name or any family member’s name on the essay page.* ***Remember – ONE PAGE ONLY! (Additional pages will not be forwarded to the committee.)***

Last four digits of applicant's Social Security number: \_\_\_\_\_\_\_\_

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| **Lilly Endowment Community Scholarship** |

**Financial Form**

Applicant’sName (last, first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status as of today: \_\_ single \_\_ divorced \_\_ widowed \_\_ married/remarried \_\_ separated

Do you have dependent children? \_\_ no \_\_ yes

Are you an orphan or a ward of the court, or were you a court ward until age 18? \_\_ no \_\_ yes

*If you are married or separated or answered yes to the last question, do not complete this form until you’ve contacted the Community Foundation of White County at 574.583.6911 for further instructions.*

Please read and follow all directions carefully!

* Fill out all information. *An incomplete form may result in disqualification.*
* If a question does not apply, please indicate with N/A. *Do not leave any space blank.*
* Use information from your 2019 tax returns. *(See FAQ note re finalists below.)*
* Return this form along with your scholarship application no later than

5:00 pm, Thursday, September 10, 2020.

Answers to frequently asked questions

* “Parent income” means the income of the parent(s) with whom you live. If you live with a parent who has remarried, the step-parent’s income must also be included.
* Financial information is requested from your 2019 tax returns.
* *If selected as a finalist (early October), you will be required to provide supporting documentation that will include a copy of complete 2019 tax returns with all supporting schedules and W-2’s. Copies will not be returned to you.*
* If you feel you have special circumstances that significantly impact your finances that will not be reflected in this form, please contact the foundation.
* Submitting a completed financial form is a requirement for this scholarship. All information will remain strictly confidential.

Feel free to contact the Community Foundation of White County (574.583.6911 or leslie@cfwhitecounty.org) if you have any questions.

*Last four digits of applicant's Social Security number: \_\_\_\_\_\_\_\_*

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**2019 Financial Information**

Parents’ current marital status: \_\_Married/Remarried \_\_Single \_\_Separated/Divorced \_\_Widowed \_\_Unmarried/Living Together

Number in household (**include yourself, siblings, parents**) \_\_\_\_\_\_\_\_ Parents’ state of legal residence \_\_\_\_\_\_\_

Number of college students from number above who will be enrolled at least half-time (**exclude** parents; **include** yourself) \_\_\_\_\_\_\_\_ Birth date of oldest parent \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

In 2019, did anyone in your household receive benefits from any of the federal programs?

\_\_ SSI \_\_ Food Stamps \_\_ Free or Reduced Lunch \_\_ TANF \_\_ WIC

Are either of your parents a dislocated worker? \_\_ Yes \_\_ No

**Fill in completely (do not leave blanks; enter “0” if not applicable)** student parent

Did you file a 2019 income tax return? \_\_ yes \_\_ no \_\_ yes \_\_ no

Did you file a Schedule 1 with your return? \_\_ yes \_\_ no \_\_ yes \_\_ no

2019 adjusted gross income (1040, line 37; 1040EZ, line 4; 1040A, line 21) $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

2019 U.S. income tax paid (1040, line 63; 1040EZ, line 12; 1040A, line 39) $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

**Answer the next three questions whether or not you filed tax returns:**

2019 student’s income earned from work $\_\_\_\_\_\_\_\_

2019 father’s income earned from work $\_\_\_\_\_\_\_\_

Father’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 mother’s income earned from work $\_\_\_\_\_\_\_\_

Mother’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 additional financial information:

Child support paid; Education credits (line 50, IRS Form 1040 or line 33, Form 1040A);

Taxable earnings from need-based employment programs;

Student grant and scholarship aid reported in adjusted gross income;

Taxable combat or special combat pay **Total** $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

2019 untaxed income:

Child support received; Payments to tax-deferred pension and savings plans;

IRA deductions and payments to self-employed and other IRS-qualified plans;

Tax exempt interest income; Untaxed portions of pension or IRA distributions;

Housing, food, and other living allowances paid to members of the military, clergy,

and others; Veterans’ non-education benefits (disability, etc.); Other untaxed

income (workers’ compensation, disability, etc.) **Total** $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

# Asset Information Please read information below; all values are as of today.

Cash, savings and checking accounts $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

Net worth of investments\*\* value $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

Net worth = current value minus debt1

Net worth of current businesses/investment farms\*\*\* $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

Net worth = current value minus debt2

“Debt” means only those debts 1related to investments or 2 for which the business or farm was used as collateral.

“Net worth” means current value minus debt. If net worth is one million or more, enter $999,999. If net worth is negative, enter 0.

\*\* Investments include real estate (but not the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, education IRAs, college savings plans, installment and land sale contracts (including mortgages held), commodities, etc. Exclude the home you live in, the value of life insurance and retirement plans (pension plans, annuities, non-education IRAs, Keogh plans, etc.), or the value of prepaid tuition plans. Do not include cash and savings on this line.

\*\*\* Businesses and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. *Do not include a farm that you live on and operate or the value of a small business that you own and control that has 100 or fewer full-time or full-time equivalent employees.*

Last four digits of applicant's Social Security number: \_\_\_\_\_\_\_\_

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| Lilly Endowment Community Scholarship |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last 4 digits of Social Security #: \_\_\_\_\_\_\_\_\_

Recommendation Instructions

**To the Applicant**

Your application must include three (and only three) letters of recommendation. The recommendation is to be completed by a teacher, minister, coach, employer, family friend, etc. Do not submit recommendation letters written by family members! **Please give this sheet to the recommender.** Completed recommendations must have arrived at the Community Foundation of White County ***by the deadline*** for your application to be considered; you may want to give the recommender an addressed, stamped envelope. Please be considerate and allow the recommender ample time to write your letter of recommendation.

\*\*\*All recommendations are confidential. We do not release copies to applicants.\*\*\*

**To the Recommender**

Please read and follow all instructions carefully.

**1. Please *do not use the applicant's name*** when writing your recommendation; refer only to ‘he’ or ‘she.’ We use a blind application process.

**2.** Please discuss the applicant's ***character, leadership, personal initiative, work habits***, ***and any other attributes*** you think qualifies the individual for the Lilly Endowment Community Scholarship Program. ***Please help us become acquainted with this* person**, *not just provide a list of his/her activities.* Include any unique factors that make this applicant especially worthy of this scholarship.

**3. Limit your recommendation to one page.** Anything longer than one page is not considered.

**4. Use standard letter-weight paper** (no heavy paper or cardstock). Do not attach anything to the letter.

**5. E-mail recommendations are not accepted.**

**6. The recommendation should include the following:**

- your full name (printed)

- your signature

- your relationship to applicant

- your phone number

- the date

**7. The last 4 digits of the applicant’s Social Security number must be in the lower right corner of your letter** so the recommendation can be matched to the student's application.

***If you have any questions, please contact the Community Foundation of White County (574.583.6911 or leslie@cfwhitecounty.org).***

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| **Submit to:**  **The Community Foundation of White County**  **Lilly Endowment Community Scholarship**  **P.O. Box 1154**  **Monticello, IN 47960-1154**  or deliver in person to:  The Community Foundation of White County  1001 Airport Road, Monticello |

***DEADLINE: 5:00 pm, Thursday, September 10, 2020.***

***Late recommendations cannot be considered.***

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| Lilly Endowment Community Scholarship |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last 4 digits of Social Security #: \_\_\_\_\_\_\_\_\_

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Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last 4 digits of Social Security #: \_\_\_\_\_\_\_\_\_

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