

In addition, please attach:

9. **One** letter of recommendation from a teacher, counselor or school administrator. The letter of recommendation should comment on the student's activities, achievements, academics, and personal leadership qualities that distinguish this student from classmates.
10. High school transcript.

The entire application packet (excluding transcript, application form and letter of recommendation) should not exceed eight pages. (single sided)

Please provide the following information where applicable.

Name of father/stepfather/guardian _____

(Circle one)

Occupation _____

Name of mother/stepmother/guardian _____

(Circle one)

Occupation _____

Number of siblings _____ Ages _____

Please read and affirm 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.
- 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 2012-2013 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 Muncie & Delaware County, Inc. immediately and 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 Muncie & Delaware 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 Muncie & Delaware 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 am not a part of nor an immediate family member of someone associated with any one of the categories outlined in the Conflict of Interest Policy.
- I understand that if I have been/am convicted of a felony, I will be ineligible for the scholarship.
- I understand that failure to comply with the above criteria will result in automatic disqualification from the scholarship program. I further understand that any rulings in regard to the scholarship award by The Community Foundation Scholarship Committee shall be deemed absolute and final.

Signed _____

Date _____