



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 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 Muncie & Delaware County, Inc. all invoices received 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 1<sup>st</sup> 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 1<sup>st</sup> 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 \_\_\_\_\_