2016-2017
BURKE/THARP LEGACY SCHOLARSHIP

BROWN COUNTY COMMUNITY FOUNDATION

P.O. Box 191 · 209 Van Buren Street North · Nashville, Indiana 47448

812-988-4882 · 812-988-0299 (fax)

www.browncountygives.org

E-mail: scholarships@bccfin.org

Established in 1993, the Brown County Community Foundation, Inc., is a public, charitable foundation governed by a volunteer board that reflects the diversity and leadership of the community.

The Mission of the Brown County Community Foundation is "Be a collaborative leader for positive impact in the Brown County community by building on the spirit of philanthropy".

It is the policy of the Brown County Community Foundation to include people without regard to age, disability, financial status, ethnicity, gender, race, faith, or sexual orientation in carrying out its mission.

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BROWN COUNTY COMMUNITY FOUNDATION SCHOLARSHIPS

Estimated Individual Scholarship Amounts Range $500-$5,000, not including
Lilly Endowment Community Scholarship Program.

Burke/Tharp Legacy Scholarship

***PURPOSE*:** To provide tuition assistance to students who are accepted into and attend Purdue, Ball State, or Michigan University.

REQUIREMENTS: A graduate of Brown County High School, Leo High School, Delta High School, or Blackford County High School. The information provided in the College/University Information and the Personal Statement of Goals sections must support the requirement of pursuing a four year degree at Purdue, Ball State, or Michigan University. *Primary consideration will be given to graduating seniors who are female, a member of a minority, or who have a financial hardship. Applicants may provide an essay describing their financial needs (see instructions on page 8 in the section titled Statement of Special Circumstances).*

Announcement of Scholarship Recipients:

Scholarship	Date	Location
Lilly Endowment Community Scholarship	**April 1, 2016 @ 4:00pm**	**www.browncountygives.org** **Facebook**
Community Foundation Scholarships	**May 2016 (Senior Awards Night)**	**BC High School**
Scholarship Recipient & Donor Ice Cream Social	**May 15, 2016 @ 2:00 pm**	**BCCF Office**

Non Traditional students will be notified via letters in the US mail

Additional Resources

FAFSA- Free Application for Federal Student Aid	http://www.fafsa.ed.gov/
Indiana Cost College Estimator	http://www.indianacollegecosts.org/
Scholarships.com	http://www.scholarships.com/
Collegeview.com	http://www.collegeview.com/
Financial Aid	http://www.finaid.org
College Navigator	https://nces.ed.gov/collegenavigator/

INSTRUCTIONS

To ensure that you complete this application correctly and submit all required materials, be sure to read all the information provided and complete the check list provided below. **A fully completed Brown County Community Foundation scholarship application form is ALWAYS required when applying for any of the scholarships named in this document.** Before you begin this application, review the descriptions and qualifications for each scholarship in this publication to ensure that you meet the requirements. Applying for scholarships for which you do not qualify may cause unfavorable delays and extra work for both you and the Scholarship committee.

INCOMPLETE SCHOLARSHIP APPLICATIONS WILL NOT BE CONSIDERED FOR ANY BCCF SCHOLARSHIPS

REQUIRED APPLICATION MATERIALS CHECKLIST

Items That Apply to All Scholarships

Items that must be submitted (Please do not use staples & applications MUST be typed):

Scholarship Application – TYPED fully completed.

- ☐ **1. Two Recommendation Forms – sent directly from your reference (see page 5 for instructions)**
- ☐ **2. Statement of Special Circumstances essay (if applicable, see page 8 for instructions)**
- ☐ **3. Personal Goals Essay – (see page 8 for instructions)**
- ☐ **4. Community/Volunteer Activities Sheets – fully completed with all signatures**
- ☐ **5. School Activities Sheet – fully completed with all signatures**
- ☐ **6. Certification Page – signed and dated**
- ☐ **7. Official SAT or ACT scores**

Items for Non-traditional (past graduates or homeschooled) Students ONLY

- ☐ **1. Certified Academic transcript most recent/current and/or proof of G.E.D.**
- ☐ **2. Official SAT or ACT scores**
- ☐ **3. MUST complete a Special Circumstance Essay (see page 8 for instructions)**

DEADLINES

The Scholarship Application Form and all required materials must be ***received in the office by the staff of the Brown County Community Foundation by Thursday, January 7, 2016, no later than 4:00 p.m. If you have any questions please call the Development & Program Assistant at 812-988-4882.***

Mail or deliver hard copies to: Brown County Community Foundation
209 Van Buren Street North
P. O. Box 191 (mailing address)
Nashville, IN 47448

Reference Forms to: scholarships@bccfin.org

(The BCCF staff cannot be held responsible for lost or undelivered emails. Look for a confirmation reply to ensure that your electronic materials were received. If you do not receive a confirmation reply, please feel free to contact staff prior to the deadline.)

RECOMMENDATION FORM

Each applicant must provide a minimum of two recommendation forms. NO FAMILY MEMBERS ARE TO COMPLETE THE RECOMMENDATION FORM. To assist you, we have provided detailed instructions that can be given to each reference to explain the process for the creation and submission of recommendation materials. Please (cut out and) provide one of the following instruction forms and a copy of 2016-2017 BCCF Scholarship Recommendation Form (page 6 & 7) to each of your references. All **recommendation forms MUST be mailed/emailed directly from the reference source to the Development & Program Assistant** at the Brown County Community Foundation (scholarships@bccfin.org). Confirmation will be sent upon receipt to the reference source & the applicant. It is the applicant's responsibility to ensure the BCCF office has received all of the recommendation forms needed. Applications will be considered incomplete if less than two recommendation forms are submitted.

Thank you for taking the time to be a reference for _____ for the

Brown County Community Foundation Scholarship Program.

INSTRUCTIONS: Please complete the 2016-2017 BCCF Scholarship Recommendation Form for the applicant of a Brown County Community Foundation (BCCF) Scholarship.

IMPORTANT: Please be aware that our application review process is anonymous and all names will temporarily be removed from application materials. To assist with this, **please include the full name of the applicant ONLY ONCE in the header of your form**. An electronic version of the form can be found on our website www.browncountygives.org or by a request email to scholarships@bccfin.org.

Once you have completed the letter of recommendation, it must be emailed or mailed directly to the BCCF Development & Program Assistant at scholarships@bccfin.org. Be sure to include the applicant's full name in the subject line of the email. If you are completing recommendation forms for more than one student, please send a separate email for each letter of recommendation.

Upon receipt of the recommendation form, the reference source & the applicant will receive confirmation.

DEADLINE: All references must be turned in by mail/email on or before January 7, 2016.

Thank you for taking the time to be a reference for _____ for the

Brown County Community Foundation Scholarship Program.

INSTRUCTIONS: Please complete the 2016-2017 BCCF Scholarship Recommendation Form for the applicant of a Brown County Community Foundation (BCCF) Scholarship.

IMPORTANT: Please be aware that our application review process is anonymous and all names will temporarily be removed from application materials. To assist with this, **please include the full name of the applicant ONLY ONCE in the header of your form**. An electronic version of the form can be found on our website www.browncountygives.org or by a request email to scholarships@bccfin.org.

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Upon receipt of the recommendation form, the reference source & the applicant will receive confirmation.

DEADLINE: All references must be turned in by mail/email on or before January 7, 2016.

Student Name _____

2016-17 BCCF Scholarship Recommendation Form

Please do not refer to the applicant by name on this form. The applicant's first and last name should only be written in the top right corner of this page. NO FAMILY MEMBERS ARE TO COMPLETE THE RECOMMENDATION FORM.

Return this form by 4 p.m. January 7, 2016 in a sealed envelope to Brown County Community Foundation, P.O. Box 191, Nashville, IN 47448 or by email scholarships@bccfin.org. Failure to meet these deadlines will jeopardize the applicant's opportunity to be considered for this scholarship. Forms MUST come directly from the person completing the recommendation form. Forms will not be accepted from applicants.

We encourage you to provide additional comments. The information must be typed in no smaller than a 10-point font or legibly hand-written in black ink. It is acceptable to cut and paste a Word document if desired. However, the **recommendation must fit in the space below only**. Additional materials should not be included and will not be considered.

Relationship to Applicant:_____Period of time you have known the Applicant: _____
How well have you known the applicant? ☐ Very Well ☐ Fairly Well ☐ Limited Contact

Please rate the Applicant in the following categories with comments explaining the rating:

Rate 1-10 with 10 being the highest

	1-10 Rating	*Comments (25 words per line maximum)*
Ability to set realistic goals		
Integrity/Honesty		
Perseverance		
Academic achievement		
Creative, original		
Disciplined work habits		
Motivation		

Leadership		
Concern for others		
Initiative, independence		
OVERALL		

In your opinion, what distinguishes this student from his/her peers? (200 words maximum)

Form completed by: _____ Phone: _____

Title/Relationship: _____E-mail: _____

Signature: _____ Date:_____

ESSAY TIPS

The quality and content of the responses to the essay questions can make a significant difference in the scores that an applicant receives from the Scholarship Committee. The following suggestions may be helpful:

- Write a rough draft. Make changes, corrections, revisions, and get it exactly as you want it before including it in the scholarship application.
- Make sure that your essay is grammatically correct, with NO spelling or punctuation errors. Consider asking someone who is familiar with the mechanical/technical aspect of language to review your writing.
- Ask a parent or teacher to proofread your essay for errors or to make suggestions about how it might be revised and improved.
- Follow the instructions carefully – this may affect the final score on your application.

PERSONAL STATEMENT OF GOALS

THIS ESSAY SHOULD BE COMPLETED BY ALL APPLICANTS.

This essay should be limited to one page (front & back of a sheet of paper is considered one page)

using 12 point font with double-spaced lines.

Please title your essay **"PERSONAL STATEMENT OF GOALS."**

Essay Subject: In your essay state your plans as they relate to your educational and career objectives and future goals.

STATEMENT OF SPECIAL CIRCUMSTANCES

THIS ESSAY SHOULD BE COMPLETED BY APPLICANTS THAT HAVE SPECIAL CIRCUMSTANCES.
REQUIRED BY NON-TRADITIONAL (past graduates or homeschooled) STUDENTS.

This essay should be limited to two pages (front & back of a sheet of paper is considered one page) using 12 point font with double-spaced lines. Please title your essay

"**STATEMENT OF SPECIAL CIRCUMSTANCES.**"

Explain any special circumstances or factors that you feel warrant attention (i.e. financial, family hardships, experiences the committee should know about). Include any additional factors you consider pertinent to the scholarship(s) for which you are applying (i.e., additional accomplishments or special experiences).

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

BROWN COUNTY COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

PLEASE READ AND COMPLETE THE ENTIRE APPLICATION FORM.

APPLICATION MUST BE TYPED.

ALL ITEMS MUST BE LEGIBLE AND ALL INFORMATION MUST BE INCLUDED.

Applications and all required materials must be received in the office of Brown County Community Foundation by the staff no later than *Thursday, January 7, 2016, by 4:00 p.m.*

(Please see instructions for completing this application on page 9.)

APPLICANT INFORMATION:

Name:					
Last		First		Middle	
Permanent Address:					
Street		City		State	Zip
Telephone:		E-mail:		Date of Birth:	

FAMILY INFORMATION – FOR CURRENT HIGH SCHOOL SENIORS ONLY:

Name of father/ stepfather/guardian:			Occupation:		
Address:					
Street		City		State	Zip
Name of mother/ stepmother/guardian:			Occupation:		
Address:					
Street		City		State	Zip

FOR APPLICANTS NOT CURRENTLY IN HIGH SCHOOL/NON-TRADITIONAL APPLICANTS ONLY:

Employed by:			Full-Time	☐	Part-Time	☐		
Marital Status:	Single	☐	Married	☐	Divorced/Separated	☐	Widowed	☐
Name and ages of dependent children:								

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

IMPORTANT EXCLUSION:

At this time, according to Internal Revenue Code, the Brown County Community Foundation is prohibited from recognizing the achievements of a student, by way of a scholarship, if they have an immediate family member (spouse, parent, grandparent, guardian, or sibling) who has served on the Brown County Community Foundation's (BCCF) Board of Trustees during any period within the past five years.

Has a member of your immediate family served on a BCCF Board of Trustees in the past five years? (mark one)	Yes:	☐	No:	☐	Unknown:	☐

PLACE AN "X" IN THE BOX NEXT TO THE SCHOLARSHIPS FOR WHICH YOU ARE APPLYING.
You will not be considered for a scholarship unless it is marked below

☐	Burke/Tharp Legacy Scholarship Endowment

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

ADDITIONAL APPLICANT INFORMATION:

SAT SCORES:	
Critical Read:	
Mathematics:	
Writing:	
Essay Sub score:	
Writing MC:	

ACT scores:	
Writing:	
English:	
Math:	
Reading:	
Science:	
Composite:	

High School Attended:				Graduation Date (mo/yr):	
Are you a 21st Century Scholar?	Yes	☐	No	☐	
Are you the first in your family to attend college?	Yes	☐	No	☐	
Do you receive financial support from your immediate family?	Yes	☐	No	☐	
Do you qualify for free & reduced priced meal program?	Yes	☐	No	☐	

1.	In the coming year, please tell us the total number of family members who will be attending a post-secondary school at least ½ time, including yourself:							
2.	Please tell us the total number of family members currently living at home on a full-time basis:							
3.	Are you a child of a veteran with a disability?					Yes	☐	No ☐
4.	Has either of your parents graduated from college (mark your answers below)?							
4a.	Father:	Yes	☐	No	☐	Name of college/university attended:		
4b.	Mother:	Yes	☐	No	☐	Name of college/university attended:		

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

COLLEGE/UNIVERSITY INFORMATION

List all colleges, universities, or vocational schools (in order of your preference) where you have completed and mailed your entrance application/s. (This information holds some weight in the Scholarship Committee's decision making process. If this information changes after you have submitted your application, you are invited to email **one** update of this information to scholarships@bccfin.org between February 4th and the 8th. This update is optional but it could be helpful. If you choose to submit an update, please use this same form again.)

Name of College/ University:		Accepted? Yes, No, Pending

How long will it take for you to complete your degree?	

Intended major?	

List below any scholarships, other than the Foundation Scholarships, for which you have applied or have been awarded. Please indicate which scholarships have been awarded that you have applied for.

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

PAID EMPLOYMENT EXPERIENCE:

Please list paid work experience you have had during the past ***four years***, beginning with your most recent position.* (This may include care-giving responsibilities.)

Employer & Address	Nature of Work	Employment Dates	Hours per month

*Additional space available below if needed.

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

***This page REQUIRES signatures. Please fill out, copy and print. Please have Sponsor or Supervisor sign where indicated. Then return the signed hard copy with your application.**

COMMUNITY/VOLUNTEER ACTIVITIES:

Using the table below, please identify and explain your community/volunteer activities (NON SCHOOL RELATED/UNPAID COMMUNITY SERVICE) and the total estimated time spent on each activity. List them in order of importance to you and include only the hours that were spent on activities unrelated to school or school sponsored events.

(Non-traditional (past graduates or homeschooled) students: Please list current activities in which you participate.)

Community/Volunteer Activities (Ex. theater, scouts, religious organizations, civic groups, etc.)	**School year(s) (9-12)**	**Total hours per year**	**Briefly describe your participation*** (including leadership positions, awards, letters earned, recognition, etc.)	**Signature of Sponsor or Supervisor** (required)

*Use additional sheets (or add rows) if you need additional space for the descriptions of your participation in these activities.

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

***This page REQUIRES signatures. Please fill out, copy and print. Please have Sponsor or Supervisor sign where indicated. Then return the signed hard copy with your application.**

SCHOOL ACTIVITIES:

Using the space below, please identify and explain your school activities and the total estimated time spent on each activity. List them in order of importance to you and include only hours spent outside the school classroom.

(Non-traditional (past graduates or homeschooled) students: Please list current activities in which you participate.)

School Activities (clubs, student government, National Honor Society, sports, music, drama, etc.)	**School year(s) (9-12)**	**Total hours per year**	**Briefly describe your participation*** (including leadership positions, awards, letters earned, recognition, etc.)	**Signature of Sponsor or Supervisor** (required)

*Use additional sheets (or add rows) if you need additional space for the descriptions of your participation in these activities.

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

***This page REQUIRES signatures. Please fill out, copy and print. Please sign as applicant and obtain Parent/Legal guardian signatures. Then return the signed hard copy with your application.**

CERTIFICATION			
Applicant Name:			
Address:			
Phone Number:		Email Address:	

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I realize that failure to comply with a request by any authorized official of the Brown County Community Foundation, Inc. for further information may prevent the applicant from being considered for potential scholarship benefits.

I FURTHER CERTIFY THAT THE APPLICANT IS NOT APPLYING FOR A LILLY ENDOWMENT SCHOLARSHIP AWARD FROM ANY OTHER COMMUNITY FOUNDATION.

CONDITIONS OF RETENTION

The undersigned parties each of whom are involved in this application contractually agree and must sign this certification of conditions in order to have the application considered and to then retain any of the benefits derived from this application:

1. The applicant must at all times be of good moral character and public reputation and therefore not directly or indirectly engage in or be charged with any illegal activities, including possession or consumption of alcoholic beverages, controlled substances, or any other chargeable offense under any laws or regulations.

2. The applicant and the parent/guardian(s) each hereby irrevocably consent to the release by all officers of law enforcement, college administrators and all other entities that may have possession of otherwise confidential materials of all records and other documents bearing upon applicant's conduct from the date of this document and for so long as the applicant continues to receive benefits related to any scholarship derived from this application. Upon receipt, said information will be held in confidence by the Foundation and used only as relevant to this application and any related scholarship.

3. Additional proof of residency must be submitted if requested.

4. The applicant agrees to release their 21st Century Scholar status & academic records from Brown County High School to the Brown County Community Foundation.

Reviewed, understood and agreed:

*Applicant (required) _____ Date _____

*Parent/Legal Guardian (required) _____ Date _____

**If obtaining two Parent/Legal Guardian signatures is impractical or impossible please call the Development & Program Assistant at 812-988-4882.

Please do not staple this application. **Applicant Number: _____(BCCF Use Only)**

***This page REQUIRES a signature IF YOU ARE APPLYING FOR THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP. Please print and sign. Then return the signed hard copy with your application.**

The Lilly Endowment Community Scholarship and the Brown County Community Foundation, Inc. requires that the following statements be signed by each applicant.

1. **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.**

2. **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 2016-2017 school year.**

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

4. **I will account for the amount of the special allocation spent for required books and required equipment with official receipts and other documentation. I will return to Independent Colleges of Indiana any amount of the special allocation remaining at the end of each school year.**

5. **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.**

6. **I will keep the Brown County Community Foundation 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.**

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

8. **I will participate in at least one Brown County Community Foundation public event in addition to the 4-H Fair Booth each year while in college. The Lilly Endowment Community Scholars are Foundation representatives and are encouraged to promote the Foundation during and subsequent to the scholarship award.**

I have reviewed, understand and agree with the information above:

_____

Applicant's Name Printed

_____ _____

***Applicant's Signature (required)** **Date**