



2010 SCHOLARSHIP APPLICATION

APPLICATION PROCEDURES

1. Applications and required attachments are due **Tuesday, January 26, 2010 at 4:00 PM** to:
Benton Community Foundation, PO Box 351, Fowler, IN 47944.
Documents may be hand delivered to our office, located in the Demeter Building at the intersection of US Highway 52 and State Road 18.
2. Applications should be typed (computer use is acceptable) or legibly printed in ink. **Fill in the available lines only; separate resumes and/or additional pages are not acceptable.** Do not use staples or plastic binder (paper clips or clamps are acceptable).
3. Except where otherwise noted, **DO NOT USE IDENTIFYING MATERIAL** in your application. The Foundation's method of selection is a "blind process" and identifying material will disqualify the application.
4. One official transcript, including first semester of the senior year, is required and should be submitted with your application. For applicants who have already completed high school, submit one high school transcript and transcripts from any post-secondary studies.
5. Two recommendations will be sufficient support for all scholarships offered by this application packet. Recommendation forms are located at the end of this packet; do not submit additional letters of recommendation. Teachers may only submit a recommendation if they interact with the student outside of the classroom as a coach, club sponsor, etc.
6. All scholarships require that:
 - Unless otherwise indicated, you are an applicant for enrollment or are currently enrolled in an accredited college or university in a program leading to an associate, a bachelors or graduate degree.
 - You are planning to enroll or are currently enrolled as a full-time student, unless you can demonstrate there are circumstances preventing full-time enrollment.
 - **YOU ARE ENCOURAGED TO COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).** This document must be postmarked no later than March 1 and is an eligibility requirement of most scholarship and financial aid programs.
7. Any statement supplied with this application is subject to verification. All applicants must sign the certification statement in order to be considered for any scholarships.

THIS APPLICATION COVERS EACH OF THE FOLLOWING SCHOLARSHIP PROGRAMS.

For additional information, including selection criteria, visit our website at www.bentoncf.org.

BENTON COMMUNITY DOLLARS FOR SCHOLARS (DFS) PROGRAM

DFS Academic Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must have proven success academically.

DFS-Benton Central Class of 1975 Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must display financial need.

DFS-Benton Community School Corporation Employee Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.

DFS-Benton Community School Corporation Board Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.

DFS-Fowler State Bank Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.

DFS-Fowler Women's Club Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must reside in the Fowler zip code (47944).

DFS-Fred Wallpe Memorial Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must intend to study social studies, history or government.

DFS-Mary Lou Parker Memorial Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must intend to study journalism or Christian education.

DFS-Russell Krebs Memorial Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must display financial need.

DFS Vocational Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must be accepted at a post-secondary institution.
- ✓ Must intend to study a skilled trade or craft, pursuing no more than a 2-year degree.

BENTON COMMUNITY FOUNDATION SCHOLARSHIP PROGRAM

Benton County Public Library-Ella Grant Lawson Scholarship

- ✓ Must be a resident of Benton County.

Elizabeth Davies Ellis Scholarship

- ✓ Must be a resident of Benton County. Students who attend Benton Central, but live outside of Benton County are not eligible for this award.
- ✓ Must have a minimum GPA of 3.0
- ✓ Finalists will be required to complete an interview with the Selection Committee

Elizabeth Davies Ellis Vocational Scholarship

- ✓ Must be a resident of Benton County. Students who attend Benton Central, but live outside of Benton County are not eligible for this award.
- ✓ Must intend to study a skilled trade or craft, pursuing no more than a 2-year degree.

Fitzgerald Family Educational Endowment Scholarship

- ✓ Anyone pursuing post-secondary education is eligible for this award.

Joe and Connie Widmer Memorial Scholarship

- ✓ Must be a graduating senior at Benton Central.
- ✓ Must intend to study in an agriculture-related field.

Lilly Endowment Community Scholarship

- ✓ Must be a graduating senior at Benton Central or a resident of Benton County
- ✓ Must be used at a four-year accredited college or university in Indiana
- ✓ Must have a minimum GPA of 3.33
- ✓ Finalists will be required to complete an interview with the selection committee and an impromptu essay

Irwin Educational Endowment Scholarship

Benton Community Foundation regrets to announce that there will be no Irwin Scholarships granted in 2010. The economic downturn has weakened this scholarship account; scholarships will resume when ample funds are available. In lieu of this, the Foundation will be offering a vocational scholarship from the Elizabeth Davies Ellis Fund.

BENTON COMMUNITY FOUNDATION SCHOLARSHIP APPLICATION

Please read the directions on the cover of this application packet before completing. Scholarship application review shall be by a blind selection process.

This is the only page on which you may use identifying material.

Applicant Information

Name _____

Permanent Address _____

Telephone _____ E-mail address _____

Date of birth _____ County of residence _____

Family Information

Father/guardian _____

Address _____

Mother/guardian _____

Address _____

Parent/Guardian/Applicant Certification

I (we) hereby affirm that the information provided in this application is accurate and complete to the best of my (our) knowledge. I (we) agree to give proof of the financial need that I (we) have given on this form. I (we) give my(our) consent for the personal references to provide information for consideration in the selection process.

Parent's/Guardian's Signature _____ Date _____

Applicant's Signature _____ Date _____

Statements and Agreements – Lilly Endowment Community Scholarship Applicants Only

“If I receive the Lilly Endowment Community Scholar award, 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 on 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 Benton Community Foundation 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 received for tuition or required fees from a source other than the Lilly Endowment Community Scholarship. I will keep Benton 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. Upon graduation, I will keep Benton 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 alumni survey or other forms as may be provided by the community foundation.”

Applicant's Signature _____ Date _____

Please check only those scholarships for which you are eligible:

(See procedures for minimum requirements)

- | | |
|----------------------------------------------------|---------------------------------------------------------------|
| _____ DFS-Academic Scholarship | _____ DFS-Russell Krebs Memorial Scholarship |
| _____ DFS-Benton Central Class of 1975 Scholarship | _____ DFS-Vocational Scholarship |
| _____ DFS-B.C.S.C. Employee Scholarship | _____ Benton Co. Public Library-Ella Grant Lawson Scholarship |
| _____ DFS-B.C.S.C. Board Scholarship | _____ Elizabeth Davies Ellis Scholarship |
| _____ DFS-Fowler State Bank Scholarship | _____ Elizabeth Davies-Ellis Vocational Scholarship |
| _____ DFS-Fowler Women's Club Scholarship | _____ Fitzgerald Family Educational Endowment Scholarship |
| _____ DFS-Fred Wallpe Memorial Scholarship | _____ Joe and Connie Widmer Memorial Scholarship |
| _____ DFS-Mary Lou Parker Memorial Scholarship | _____ Lilly Endowment Community Scholarship |

Complete and return to Benton Community Foundation by January 26, 2010 at 4:00 PM:
Applications packets not completed by the deadline will be disqualified.

- Application (should be exactly 4 pages)
- Two recommendation forms (at end of application)
- Official high school transcript, including first semester of the 2009-2010 school year.

Academic Information

Identify the courses you are completing in your final senior semester beginning January 2010.

Course	Level	Course	Level

SAT Scores _____ Critical Reading _____ Mathematics _____ Writing _____

ACT Composite Score _____ (if taken)

Are you a recipient of the Twenty-first Century Scholars Award? _____ Yes _____ No

Are you a recipient of the Academic Honors Diploma? _____ Yes _____ No

Are you a recipient of the Core 40 Diploma? _____ Yes _____ No

Statement of Financial Need

Using only the space provided, please make a statement about any special circumstances that may affect your ability to finance four years of college (special family circumstances, unusual expenses, specific physical challenges, etc.) Do not use any identifying information or the applicant will be disqualified. *BCF highly encourages applicants to talk with their parents/guardians about this statement before completing.*

School Activities Clubs, student government, National Honor Society, music, drama, service organizations, athletics, etc.

Using only the space below, list up to six school activities that you have participated in during high school. List in order of importance to you—most important first.

Activity	# years	Leadership/Committee positions	Impact you made in this activity, including special recognitions

Community Activities Volunteer work, scouts, church, music, drama, athletics, 4-H, etc.

Using only the space below, list up to five community activities that you have participated in during high school. List in order of importance to you—most important first.

Activity	# years	Leadership/Committee positions	Impact you made in this activity, including special recognitions

Work Experience

Using only the space below, list up to three paid or family farm/business work experiences in chronological order beginning with your most recent position.

Employer	Nature of work	Dates of employment	Hours/week

College-University Information

College Application Status Please list all colleges and universities to which you have applied. Also indicate admission status (admitted, pending, denied admittance).

School	Status

School	Status

Intended Field(s) of Study _____

Written statement

Using only the space below, provide the requested statement (min. 12 pt. font). Do not attach additional pages.

In about 200 words, identify your career aspirations and experiences (e.g., activities, course work, paid employment, family responsibilities) that have influenced your decision. Identify key persons by role (e.g., parent, teacher, coach) that have influenced your career choice and describe how their influence has helped you in making your career choice. What challenges do you foresee in becoming a successful professional in your selected career?

Recommendation Form

To the applicant: Please complete the top section of this Recommendation Form and provide one copy to each individual from whom you are requesting a recommendation.

Name _____

Permanent Mailing Address _____

City, State, Zip _____ Telephone _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.
 I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

To the person providing the recommendation: Please complete this section and return it to the student in a sealed envelope.

I have known the applicant for _____ years in my capacity as _____.

Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgment	Weak	Below Average	Average	Above Average	Exceptional
A. Honesty & integrity	n/a	0	1	2	3	4
B. Intellectual ability for college work	n/a	0	1	2	3	4
C. Ability to analyze ideas	n/a	0	1	2	3	4
D. Oral English expression skills	n/a	0	1	2	3	4
E. Written English expression skills	n/a	0	1	2	3	4
F. Demonstrated leadership ability	n/a	0	1	2	3	4
G. Dependability	n/a	0	1	2	3	4
H. Respected & liked by peers & adults	n/a	0	1	2	3	4

If you feel this student possesses any exceptional characteristics, please note them below. *Do not refer to the student by name, this is a blind selection process; use words such as applicant or student. Do not attach pages.*

Respondent's Signature _____ Date _____

Print Name _____ Title or Position _____

Institution/Affiliation _____ Telephone _____

Please return this completed Recommendation Form to the applicant in a sealed envelope. If the envelope seal is 'broken', the Recommendation Form will be rendered invalid.

Recommendation Form

To the applicant: Please complete the top section of this Recommendation Form and provide one copy to each individual from whom you are requesting a recommendation.

Name _____

Permanent Mailing Address _____

City, State, Zip _____ Telephone _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.
 I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

To the person providing the recommendation: Please complete this section and return it to the student in a sealed envelope.

I have known the applicant for _____ years in my capacity as _____.

Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgment	Weak	Below Average	Average	Above Average	Exceptional
A. Honesty & integrity	n/a	0	1	2	3	4
B. Intellectual ability for college work	n/a	0	1	2	3	4
C. Ability to analyze ideas	n/a	0	1	2	3	4
D. Oral English expression skills	n/a	0	1	2	3	4
E. Written English expression skills	n/a	0	1	2	3	4
F. Demonstrated leadership ability	n/a	0	1	2	3	4
G. Dependability	n/a	0	1	2	3	4
H. Respected & liked by peers & adults	n/a	0	1	2	3	4

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