

Community Foundation Alliance

Lilly Endowment Community Scholarship Agreement Statement

Recipients of the Lilly Endowment Community Scholarship will be participating in one of the most exciting scholarship initiatives in the state of Indiana. Because the scholarship program is designed to help raise the level of educational attainment and awareness of the need for higher education in our state, the Community Foundation Alliance will be asked to track the recipients through college and ten years beyond. Recipients must agree to the conditions listed below and understand the importance of each item. By signing below, the applicant states his or her understanding and agreement.

If chosen as a Lilly Endowment Community Scholar, I agree to abide by the following requirements:

- 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 to the Community Foundation Alliance immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship.
- I understand the scholarship is for four continuous years of undergraduate study.
- I understand that I must remain in good standing and maintain satisfactory academic progress throughout the four-year period and maintain full-time enrollment.
- I will keep the Community Foundation Alliance 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 Alliance.
- I affirm that I am applying for the Lilly Endowment Community Scholarship in only one county.
- 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.
- Upon graduation, I will keep the Community Foundation Alliance 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 Alliance.
- I will designate which school I will attend prior to May 1, 2012.
- I understand that I am expected to demonstrate mature and responsible behavior and good moral character at all times, and my scholarship may be at risk for termination if I am found in violation of any local, state, or federal law or my past or current conduct is determined by the scholarship nomination committee or representatives of the Community Foundation Alliance to be unethical.
- I give the Community Foundation Alliance and ICI permission to use any general, nonfinancial information included in my scholarship application for publicity purposes. If selected to receive the scholarship, I will provide the Alliance with a current photo.
- I affirm that the information provided in my scholarship application is accurate and complete to the best of my knowledge.

Applicant's Signature

Date Signed