

# HCCF Scholarship Application

Deadline: September 15 2021 at 03:00 PM EDT

## General Instructions - Please read!

The Hendricks County Community Foundation online scholarship application must be completed by 3pm on September 15, 2021.

**NOTE:** This application is also used for the Lilly Endowment Community Scholarship. Pay special attention to the LECSP Certification section at the end if you wish to be eligible for the Lilly Scholarship.

Applications must be submitted online through SmarterSelect.

Applications must include:

1. One (1) recommendation submitted and received online through this application. It is the responsibility of the *applicant* to make sure their recommender submits their recommendation by the deadline: 3pm on September 15, 2021.

2. Guidance Counselor Information Request submitted and received online through this application. It is the responsibility of the *applicant* to make sure their guidance counselor submits this information by the deadline: 3pm on September 15, 2021.

3. Activities Document submitted through the online application. Applicants **MUST** use the included form. Any alternative form will be considered incomplete, and the applicant's entire application will be considered incomplete and not reviewed. Each year, some forms are submitted blank. Please double-check that your submitted form is complete.

We recommend completing and submitting your application early to allow for any issues and troubleshooting that may arise.

We recommend completing the Recommendation and Guidance Counselor Information Request early to allow time for your recommender and Guidance Counselor to respond by the 3pm on September 15, 2021 deadline.

We recommend notifying them that they should receive an email from SmarterSelect requesting their response. This email should be delivered shortly after you submit their information. If the email was not received in their inbox, please follow these steps:

- 1) Double check that you have correctly entered their email address in the application.
- 2) Ask them to check their Junk/Spam folder to see if the email was mistakenly placed there.
- 3) Finally, contact Eric Hessel at [eric@hendrickscountycf.org](mailto:eric@hendrickscountycf.org).

You may exit this application and come back to continue working at any time before the deadline. If you are having trouble after returning to the application, you may need to click the green button in the upper right corner that says "Edit Application". Be sure to save your changes each time before you leave.

Late or incomplete applications **WILL NOT** be considered.

## Contact Information

### Contact Information

First Name \*

Middle Name

Last Name \*

Suffix (Jr, Sr, III, etc.)

Gender \*

How would you describe yourself? (Select all that apply.)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Other

This question is not reviewed by the committee nor considered for scholarship awards. It is simply for internal demographic tracking.

If other, please specify:

This question is not reviewed by the committee nor considered for scholarship awards. It is simply for internal demographic tracking.

Date of Birth (MM/DD/YYYY) \*

Clear

Street Address \*

City \*

State \*

Zip Code \*

Primary Phone Number (XXX-XXX-XXXX) \*

Other Phone Number (XXX-XXX-XXXX)

Email Address \*

## Parent/Guardian Information

Parent/Guardian #1 Full Name \*

Parent/Guardian Contact Number \*

Parent/Guardian Email Address \*

Parent/Guardian #2 Full Name

## Residency

What county do you live in? \*

- Hendricks
- Other - Generally, HCCF Scholarships are only available to Hendricks County residents.

For the Lilly Endowment Community Scholarship, non-Hendricks County residents MAY be eligible IF they 1) attend school in Hendricks County and 2) are not eligible for the Lilly Scholarship in their home county because they attend school in Hendricks County.

What township do you live in? \*

  

Name of High School \*

  

Upon graduation, how many FULL years will you have attended the high school from which you will graduate? \*

- 1
- 2
- 3
- 4

## Education Information

### Current High School GPA

What is your current GPA? \*

- 4.0+
- 3.5-3.9
- 3.0-3.4
- 2.5-2.9
- 2.0-2.4
- below 2.0

**Educational Institution you plan to attend:**

**To be considered for the Lilly Endowment Community Scholarship, one of your two choices on this page MUST be a college or university in the State of Indiana.**

First Choice \*

If you want to be considered for the Lilly Endowment Community Scholarship, one of your two choices on this page MUST be a college/university in Indiana.

Second Choice

Intended major(s) \*

- Accounting
- Agriculture
- Architecture
- Building Trades
- Business
- Construction
- Construction - Design
- Construction - Management
- Construction - Technology
- Creative Arts
- Creative Arts - Art
- Creative Arts - Art Education
- Creative Arts - Filmmaking
- Creative Arts - Graphic Design
- Creative Arts - Interior Design
- Creative Arts - Music
- Creative Arts - Music
- Education
- Creative Arts - Photography
- Creative Arts - Screenwriting
- Creative Arts - Visual Arts
- Education
- Education - Art
- Education - Elementary
- Education - Math
- Education - Special
- Engineering
- Engineering - Civil
- Engineering - Electrical
- Engineering - Mechanical
- Finance
- Law Enforcement
- Management
- Public Service
- Real Estate
- Science - Nursing
- Science - Pharmacy
- Science - Pre-Med
- Undecided
- Vocation/Trades
- Other

Intended minor(s)

Intended career \*

If you attend college in the Fall, will you be a first-generation college student? \*

- No  
 Yes

The formal definition of a first-generation college student is a student whose parents did not complete a four-year college degree.

## Outside Information Requests

### Instructions

**Recommendations are due by 3pm September 15, 2021.**

**When you fill in the information for your Recommender, please note that an Email will be immediately sent to the Email address provided. We strongly encourage you to notify your Recommenders that they should have received an automated Email from @smarterselect.com requesting their response. If the Email was not received in their Inbox, please ask them to check their Junk folder to see if the Email was mistakenly placed there.**

**Please provide one (1) recommendation from an adult that is NOT a family member.**

**We recommend that you choose a recommender that knows you well e.g. teacher, 4-H leader, community service sponsor, employer, club sponsor, coach, faith leader etc.**

**It is YOUR responsibility to make sure your recommendation is submitted by the deadline. You may see the status of your recommendation requests through your user account.**

### Guidance Counselor Information Request

When you fill in the information for your Guidance Counselor and Recommenders, please note that an email will be immediately sent to the email address provided. We strongly encourage you to notify your Recommenders and Guidance Counselors that they should have received an e-mail from automated.email@smarterselect.com requesting their response. If the e-mail was not received in their Inbox, please ask them to check their Junk folder to see if our e-mail was mistakenly placed there. Use this <a href="https://hendrickscountycf.org/file\_download/8b1dd366-b12f-4664-a80f-375e2396e215 ">Guidance Counselor Cheat Sheet</a> to make sure you have the correct information entered below. Guidance Counselor information is due September 15, 2021. It is the applicant's responsibility to make sure the Guidance Counselor submits the information and transcript by the deadline. You may see the status of your recommendations and Guidance Counselor information request through the user account. HCCF recommends immediately verifying whether or not your Guidance Counselor has received the email from SmarterSelect.

Guidance Counselor's First Name \*

Guidance Counselor's Last Name \*

Guidance Counselor's Email \*

### Letter of Recommendation

Please provide ALL information for your recommender. The recommender will be provided a hyperlink to complete their recommendation online. Recommendations must be submitted by midnight September 15, 2021. Only recommendations submitted through the online application will be accepted. It is YOUR responsibility to make sure the recommendation is submitted by the deadline. Applications missing a recommendation will be considered incomplete and will not be considered. Please enter your recommender's email address carefully, and double-check it before submitting. Changing the email can be difficult and missing letters will cause your application to be declined.

Recommender's First Name \*

Recommender's Last Name \*

Recommender's Email \*

### Activities & Achievements

#### Activities



Download and complete the following form electronically to describe your Community Activities, High School Activities, and Work Experiences.

Under Grade Level, please indicate the number of hours you participated in each activity each year. The form will automatically total the number of hours/activity along with the total for each section (Community Activities, High School Activities and Work Experiences).

You **MUST** use the form provided. Applications with submitted documents other than the Activities Form below will be considered incomplete and not considered.

[Download Activities Document](#) \*

Select File

Choose File

No file selected

*Maximum File Size: 10MB*

*No file attached*

If you have been unable to participate in extracurricular activities, volunteer activities or employment at the level you would like to because of personal or family circumstances, please share how you spend your time outside of school. If this is not applicable to you, please enter N/A in the response box. \*

Min words required: 0 |

Max Number of Words: 200

### **HCCF Scholarship Specific Activities**

Some scholarships administered by the Community Foundation are specified for students that participate in certain activities.

Please read the following list carefully, and select any activities in which you have participated.

(NOTE: Any selected activities should still be listed in the section above.) \*

- Cheerleader (Cascade)
- Community service club (any high school)
- Hendricks County 4-H
- Special education student (any high school)
- Special education mentor (any high school)
- None of the Above

## **Personal Statement**

Please provide a personal statement between 200 and 400 words. Do not waste this opportunity to tell the committee about yourself in narrative form.

"Imagine we only have one scholarship to give. Tell us about yourself: past accomplishments, current activities, and future goals. What would you describe to be your unique trait or a special skill allowing you to stand out from the rest of the applicants? Why should the committee choose you? (Consider we receive nearly 200 applications, what makes YOU unique.)"

To aid in the blind application process, please do not use your name or those of your family members (first, last, nicknames, etc.). \*

Min words required: 200 |

Max Number of Words: 400

## Essay

**Please choose one of the following prompts to write an essay of no more than 500 words.**

Prompt 1: The Community Foundation has a focus on building "Community Unity" for the next 5 years. Please describe a problem/issue in Hendricks County and how it could be solved if people worked together.

Prompt 2: High school is a time for growth. Tell us about a topic that you have changed your mind on in the past three years.

Prompt 3: Community foundations are designed to support their community now and forever. Describe the future of Hendricks County or your town and how the Community Foundation will be needed.

Prompt 4: Scholarships at HCCF tend to prioritize leadership. How do you define a leader? Describe a time you lived up to that definition. \*

Min words required: 0 |

Max Number of Words: 500

## Special Circumstances

### Special Circumstances

Please describe any special circumstances that may affect or have affected your life.

\*This should not include financial hardships.

If this is not applicable to you, please indicate so by entering N/A. \*

Min words required: 0 |

Max Number of Words: 75

Some scholarships administered by the Community Foundation are designated for students living under particular circumstances.

Please read the following list carefully, and select any that apply to you. \*

- Diagnosed with a learning disability
- Diagnosed with Type 1 diabetes
- Live in a Crossman Community (Avon, Brownsburg, or Tri-West)
- Relative of a current or retired Fraternal Order of Police member
- None of the Above

## What's Missing

What's Missing

Please use this section to briefly highlight anything the committee should know that hasn't been highlighted anywhere else in your application or transcript.

\*This should not include financial hardships.

If this is not applicable to you, please indicate so by entering N/A. \*

Min words required: 0 |

Max Number of Words: 75

## Requirements

**Lilly Scholarship Certification (Required for applicant to be considered for the Lilly Scholarship)**

**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 maximum amount of my scholarship is calculated on the basis of my chosen college's tuition and required fees beginning with the 2022-23 school year.**

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

**I understand that the special allocation provided to me is to be used to pay required books and required equipment for my courses of instruction. I will personally keep receipts and other documentation to verify that the special allocation was used only for this intended purpose and will provide those receipts and documents to Independent Colleges of Indiana upon request. I will return to Independent Colleges of Indiana any amount of the special allocation 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 Hendricks 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.**

**Upon graduation, I will keep the Hendricks 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 alumni survey or other forms as may be provided by the community foundation.**

I wish to apply for the Lilly Endowment Community Scholarship and thereby accept these terms. (NOTE: You must select "Yes" to be considered for the Lilly Endowment Community Scholarship.)

Yes

No

**Interviews: The Community** To be considered for the Lilly Scholarship, the applicant must accept these terms by clicking YES.

**Foundation Scholarship Committee will hold interviews on Saturday, October 30, 2021. If you are selected for an interview, you will be notified by Friday, October 23, 2021.**

**The interview date is firm and very important. Please mark your calendar now!**

**NOTE: At this point, the Community Foundation expects interviews will be held in-person following appropriate safety regulations; however, depending on public health recommendations, interviews MAY be held virtually.**

**Recipients of this scholarship must decide where they will be attending college and notify the Community Foundation of that decision by April 29, 2022.**

I have read and acknowledge the information above.

Yes

No

**HCCF Scholarship Certification and Submission**

I certify the information provided in the online application is, to the best of my knowledge, true and correct. If the information provided is found to be false or untrue, your application will be rejected or your scholarship revoked.

Initial below. \*

I certify that I am not a family member (including spouse, brothers and sisters by whole or half blood, ancestors, children, stepchildren, grandchildren, great grandchildren) of a person who is in a position to exercise substantial influence over the scholarship selection process, including the HCCF Board Chair, the President & CEO and any other staff members who work directly with the scholarship selection process, and members of Scholarship Advisory Committees for the scholarships for which I am applying.

Initial below. \*

I authorize, if selected to receive a scholarship, the Hendricks County Community Foundation may use my name, photograph and any other information for press and media purposes.

Initial below. \*