

LILLY ENDOWMENT COMMUNITY SCHOLARSHIP

- REQUIREMENTS AGREEMENT -

The following statements are required by Lilly Endowment to ensure that the applicant understands the terms and conditions of the Lilly Endowment Community Scholarship.

- If I receive this scholarship, it is my intent to pursue four (4) 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 2008-2009 school year.
- To assist with the processing of my scholarship payments each semester or quarter, I will forward immediately to the DeKalb County Community Foundation, 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 DeKalb County Community Foundation Inc. 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 the DeKalb County Community Foundation, Inc. apprised annually by June 1st of my education and/or employment status for at least ten (10) years after graduation, by completing and returning an alumni survey or other forms as may be provided by the community foundation.

I certify that all information given in every part of this application is true and understand that falsification of information may result in the termination of any scholarship granted. I agree to abide by all of the above scholarship requirements.

Applicant's name (printed)

Parent/guardian signature

Applicant's signature

Date