

# DEKALB COUNTY COMMUNITY FOUNDATION, INC.

## SCHOLARSHIP COVER PAGE

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

### Release of Records/Disclosure Agreement

I, \_\_\_\_\_, parent/guardian of the above applicant, give permission for \_\_\_\_\_ High School guidance office to release a grade transcript to the DeKalb County Community Foundation.

All information provided is kept confidential to protect your privacy. Our staff, volunteer board, and committee members receive only the information necessary to make various scholarship awards.

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### Scholarship Eligibility Policy

In order to assure the public that DeKalb County Community Foundation maintains impartiality when awarding educational scholarships, the following individuals and their relatives\* are not considered eligible for scholarships provided by the foundation:

- Foundation Directors, Officers, and Employees
- Foundation Scholarship Committee and Sub-Committee members
- High school staff members directly involved in the selection process

**For a Director, Officer, Employee, Scholarship Committee or Sub-Committee member, this restriction applies for the year scholarships are awarded and for two years after he/she is no longer connected with the foundation in a volunteer or paid position.** For a high school staff member directly involved with the selection process, this restriction applies only for the year the scholarships are awarded.

\*Relatives are defined as follows: Spouse, lineal descendents (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as ancestors. Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the foundation. Approved by the DeKalb County Community Foundation Board of Directors May 19, 2005.

I understand the Scholarship Eligibility Policy and am eligible to receive a scholarship awarded by DeKalb County Community Foundation.

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### Scholarship Eligibility Qualifiers

The statements below will be used as eligibility qualifiers. At a later date you may be asked to provide additional documentation to fulfill a scholarship's requirements.

Please select all that apply.

I have a chronic medical condition or physical/mental impairment.  
(Documentation from your physician will be required for verification.)

I am a member of DeKalb Financial Credit Union.

I will participate in the Science Fair during my senior year.

I will pursue journalism as my field of study. (A 400 word editorial is required.)

I am home schooled, will receive my diploma by June 30, 2010, and will study journalism or a horticulture related field.

I am currently enrolled as a full-time undergraduate college student either (a) studying journalism or a horticulture related field, or (b) a graduate of Eastside High School.

I am NOT a resident of DeKalb County, Indiana.

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***I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.***

## SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
 DeKalb County, Indiana Resident: \_\_\_\_\_ United States Citizen: \_\_\_\_\_ Gender: \_\_\_\_\_

### FAMILY INFORMATION

Name of father, stepfather or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of mother, stepmother or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Check if applicable:  Father deceased  Mother deceased  Parents divorced  
 Ages of other children in your family: \_\_\_\_\_ # of family members in college: \_\_\_\_\_

### COLLEGE INFORMATION

Year in college (upcoming academic year): \_\_\_\_\_  
 College or University attending: \_\_\_\_\_  
 City and State of School: \_\_\_\_\_  Full-time  Part-time  
 If part-time, # of credit hrs/sem \_\_\_\_\_  
 Major field of study: \_\_\_\_\_

### CAREER GOALS

Write a brief statement describing your career goals in the space below.

## SCHOLARSHIP APPLICATION

<b>SCHOOL ACTIVITIES</b>		
List your extracurricular activities in the order of importance to you.		
Activity	Grade Participated (9,10,11,12)	Role or Leadership Position Held

<b>AWARDS AND HONORS</b>		
List any awards and honors you have received during high school.		
Award or Honor Received	Grade	Criteria Award Based On

<b>COMMUNITY SERVICES</b>			
These volunteer services must have taken place <b>outside</b> of school hours.			
Organization	Grade	Description of Services	Hours (Total or per week)

<b>EMPLOYMENT AND INTERNSHIPS</b>			
List your work and/or intern experience beginning with the most recent position.			
Organization	Type of Work	Dates Employed or Internship	Hours (Total or per week)

**DEKALB COUNTY COMMUNITY FOUNDATION, INC.**  
**SCHOLARSHIP ESSAY**

*Write your essay in the space provided below. The margins, font and font size are set and should not be changed.*

Who or what inspired you to study in the field you have chosen? Aside from academics, how have you prepared yourself for college?

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**Name:**