

CAROL L. HILL MEMORIAL SCHOLARSHIP

About the Donor

Carol was a long time resident of Garrett for 34 years. She enjoyed being active in the community by being a Cub Scout leader (Troop #3178) and a member of St. Joseph Catholic Church in Garrett. She was employed by Courier in Kendallville, Indiana for 19 years as a shipping clerk. To honor Carol's giving spirit and dedication, this scholarship was established by her husband and children, Steven R. Hill Sr., Steven Jr., Christopher and Sara.

Eligibility Criteria

This scholarship is a one-time award to a graduating senior from **Garrett High School (DeKalb County, Indiana) -or- a child or dependent of a Courier employee (Kendallville, Indiana)** pursuing **any field of study**.

Applicant must also:

- Be a DeKalb County resident OR a child or dependent of a Courier employee (Kendallville, IN)
- Enroll, or intend to enroll full-time in a post-secondary educational institution (Both 2 and 4 year degree programs are eligible.)

Required Forms (Complete and SAVE the forms, following the instructions listed below)

- Scholarship Cover Page
- Completed Application
- Essay
- One (1) Letter of Recommendation from a teacher or a non-relative adult

Deadline to Apply

Submit all documents as email attachments to scholarships@dekalbfoundation.org by **March 5, 2012**.

Application Instructions

- **UPDATE YOUR ADOBE READER SOFTWARE** to prevent software problems. This free download is available at www.adobe.com.
- **COMPLETE YOUR APPLICATION FILE ON A COMPUTER.** Handwritten applications are not accepted. If you have questions regarding the completion process, please contact your school's guidance office or Rosie Shinkel at the DeKalb County Community Foundation at (260) 925-0311 or RShinkel@DeKalbFoundation.org.
- **SAVE** your application file in the following format **LastName.FirstName.pdf** (Example: Miller.John.pdf)

Submit your application file

- E-mail your application file as an **attachment** to scholarships@dekalbfoundation.org. On the subject line, use the following format: **Scholarship Application for LastName, FirstName**. (Example: Scholarship Application for Miller, John).
- **YOU WILL RECEIVE A CONFIRMATION E-MAIL. IMPORTANT NOTE: IT IS YOUR RESPONSIBILITY TO MONITOR THE E-MAIL ADDRESS PROVIDED ON YOUR APPLICATION FOR CORRESPONDENCE WITH THE COMMUNITY FOUNDATION. IF YOU DO NOT HAVE AN E-MAIL ADDRESS, COMMUNICATION WILL BE DIRECTED TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR.**
- **LETTER OF RECOMMENDATION.** Request a letter of recommendation from an adult to whom you are not related. The letter should be submitted **in addition to the scholarship file** to the DeKalb County Community Foundation at P.O. Box 111, Auburn, Indiana 46706 or scholarships@dekalbfoundation.org.
- **GRADE TRANSCRIPT.** The DeKalb County Community Foundation will request a copy of your grade transcript from your high school guidance office once your application file has been received.

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COVER PAGE

Last Name: _____ First Name: _____ Middle: _____

Release of Records/Disclosure Agreement

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

Applicant information is kept confidential to protect your privacy.

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 members

For a Director, Officer, Employee or Scholarship 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.

*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.

I am a graduating senior from Garrett High School (DeKalb County, Indiana)

I am a child or dependent of a Courier employee (Kendallville, Indiana)

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.

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APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____
Permanent Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
E-mail Address: _____ (mm/dd/yyyy)
High School: _____ Graduation Year _____
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
Major field of study: _____ If part-time, # of credit hrs per sem.

CAREER GOALS

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

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Last Name:

First Name:

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

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

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

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

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ESSAY

Name: _____

Note: This essay is to be completed on this page using a computer and the space provided below. The margins, type size and font are preset by the scholarship provider and are NOT to be changed. Attach to your completed application.

Share your community involvement experiences. How do you plan on continuing your efforts and serving people in the future?
