

**BERTA M. WILLENNAR SCHOLARSHIP
ELVA A. TESS LIKENS SCHOLARSHIP
ISAAC HAGUE SCHOLARSHIP
ROBERT HUGHES & MARIE HUGHES SCHOLARSHIP**

About the Donors

Berta M. Willennar was a relative of the late William H. Willennar, a philanthropist in the Auburn community. *Elva A. Tess Likens* was a practical nurse who lived on North Van Buren Street in Auburn. *Isaac Hague* was the father of late Dr. Stella M. Hague, an assistant professor of botany at the University of Illinois. *Robert Hughes and Marie Hughes* were long-time residents of DeKalb County.

Eligibility Criteria

Berta M. Willennar, Elva A. Tess Likens, and Robert Hughes & Marie Hughes scholarships are renewable awards. The Isaac Hague scholarship is a one-time award. All scholarships in this group are awarded to graduating seniors from **DeKalb High School** (DeKalb County, Indiana) pursuing **any field of study**.

Applicant must also:

- Have a **disabling condition** that can be certified by a practicing physician (MD)
- Have a grade point average of 6.0 (C+) or higher
- Enroll in, or accepted to, an accredited four-year college degree program as a full-time student

For renewable scholarships: Must remain enrolled for continuation of future payments. If the recipient is put on academic probation by their college or university, continuation of the scholarship will be at the discretion of the DeKalb County Community Foundation.

Required Forms (Submit in the order listed)

- Scholarship Cover Page
- Completed Application
- Essay
- Physician's Certification as to the applicant's medical condition
- Financial Assistance Statement (required only for Elva A. Tess Likens Scholarship)
- High School Transcript

Deadline to Apply

Submit all documents to the High School Guidance Office by **February 27, 2009**.

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

For a Director, Officer, Employee, Scholarship Committee member or Scholarship 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.

**ESSAY FOR:
BERTA M. WILLENNAR SCHOLARSHIP
ELVA A. TESS LIKENS SCHOLARSHIP
ISAAC HAGUE SCHOLARSHIP
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Write a brief essay explaining your life's plan, including the influences (people, events, experiences) in your life that helped you develop this plan.

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 DeKalb County Community Foundation and are NOT to be changed. Attach to your completed application.

Name:

FINANCIAL ASSISTANCE STATEMENT FOR ELVA A. TESS LIKENS SCHOLARSHIP

THIS ESSAY WILL ONLY BE USED FOR THE ELVA A. TESS LIKENS SCHOLARSHIP.

Provide a short explanation of why you need financial assistance.

Note: This composition 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 DeKalb County Community Foundation and are NOT to be changed. Attach this statement to your completed application.

Name: