



**2025-2026**  
**Traditional Student**  
**Application for the Lilly Endowment Community**  
**Scholarship and the many scholarships within the**  
**Adams County Community Foundation**



The Adams County Community Foundation (ACCF), in partnership with Lilly Endowment Inc. and all ACCF scholarship funds, provide numerous scholarship opportunities for students seeking a post-high school education. This application is for traditional students (graduating high school seniors) applying for the Lilly Endowment Community Scholarship (LECS) and all other scholarships awarded through the ACCF.

**2025-2026 seniors:** Lilly Endowment Scholarship due date: Wednesday, **September 10, 2025** before 4:00 PM

ELIGIBILITY for Lilly Scholarship: Adams County, IN resident + Adams Co high school senior + minimums: GPA: 3.8 & **SAT: 1100 or ACT: 21**

All ACCF Community Scholarships due date: Wednesday, **January 21, 2026** before 4:00 PM

ELIGIBILITY\* for ACCF Community Scholarships: Adams County, Indiana high school senior + minimum: GPA: 2.0

\*Some exceptions may apply. Please call the ACCF if you have questions.

The ACCF will award many scholarships through an application process designed to recognize deserving **May / June 2026** graduates. This application is utilized by many Adams County scholarship committees. Students are encouraged to produce a high level, complete application. Students are required to computer generate this application. Pages must be submitted in the following order:

**Check-list:**

**January: Scholarship Eligibility Page / Check-off form:** (this page is not in this document; January **due date only**) This form

lists all the scholarships for which an applicant may wish to be considered. As this list changes often, the ACCF will have the most up-to-date listing of **2026** scholarships available in January. Students may obtain a copy of the 'Scholarship Eligibility / Check-off form' at their high school guidance office or at the ACCF (102 N. 2nd St., Decatur) after Christmas break. This form is for the ACCF office use only. Therefore, only one copy of this form needs to be submitted with your application packet.

**Pages:**

Above the cover page

**The following instructions are for both September and January due dates:**

<b>Scholarship Cover page</b> (top page) - This is the page with the student's picture. When making copies, the student may copy his / her photo on subsequent applications. An original picture on each application is not necessary. Be sure to sign the cover page. As this application is also an agreement, this application will be considered incomplete if unsigned.	<b>Cover*</b>
<b>Scholarship application</b> ( <u>numbered</u> pages 1-6)	1-6*
<b>Authorization Page</b> (Student's and Parent's signatures are needed on this page.)	7*
<b>Student's high school transcripts</b> (this may be one or two pages, <u>unofficial is accepted</u> )	8,9
<b>Student's ONE letter of recommendation</b> (from non-relative) • One letter (this is a change from previous years). Submit this letter with your application.	10
<b>Guardian's / Parent's / Student's personal employment</b> information	Appendix 1*

- Do:** Computer generate the application (preferred: **10-12 font**). Note pp. 4,5,6 lists max number of words allowed.
- Do:** Position your picture in the box at the top, right corner of page one of this application.
- Do:** Note the order in which the pages should be stapled (see above)
- Do:** Print completed application, one side. (10 copies, one original plus nine copies or ten copies- printed on one side.)
- Do:** Staple each set of the application in the upper, left corner.
- Do:** Submit 10 copies of the completed application (one original plus nine copies or ten copies) in the order given above.
- Do:** January due date - only one copy of the Scholarship Eligibility / Check-off form needs to be submitted.
- Do:** (If possible) Submit your approx. 14-page application with one large rubber band (or ribbon) around the entire set.
- Do:** (If necessary) contact the ACCF if you have any questions about the application/supplemental requirements.
- Do not:** Contact any ACCF donor/scholarship committee member as this may adversely affect your review (full disclosure is required by all reviewers).
- Do not:** Submit your application in individual folders or with plastic covers as these will be removed (this extra expense is not necessary)

**Do not:** Do not miss the due date! **Before 4:00\*\* PM, Wednesday:**

**LECS: September 10, 2025 (for the Lilly Endowment Community Scholarship process)**

**ACCF: January 21, 2026 (for ACCF Community Scholarship process)**

Note: Applications submitted in September will be held for review for the January application process. Students have the option to revise or update their applications if desired. Applications received after the due dates listed will not be considered for an award.

Each year, the ACCF is challenged with a reason for a late application; however there will be no exceptions...please do not call to ask.

\* These pages are provided within the application file.

\*\* As given by the United States Atomic Clock.

Do not include this page with your application.

Frequently Asked Questions

For other questions not listed here, please email: [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org) / or call: (260) 724-3939

**Question: Why are there two due dates? When are they?**

1. **September 2025:** For the academic school year 2025-2026, the Lilly Endowment Community Scholarship (LECS) will have an earlier due date (as directed by LECS). This year's due date for the LECS is by 4:00 pm, **Wed., September 10, 2025.**
2. **January 2026:** All other ACCF / Adams County Scholarships will have the **Wed., January 21, 2026** due date (before 4:00 pm). The ACCF will maintain two due dates for this academic year. Upon request, the ACCF will visit each high school in August / September to announce these due dates and to answer questions. You may also email the ACCF with your questions. All questions are to be directed to the ACCF. Applicants / parents are not to contact scholarship committee members or scholarship donors.

**Question: If I submit my application for the September due date, do I have to fill out the application again for the January due date?**

No. The ACCF will hold the September applications for the January due date. However, if a student wishes to update or revise his/her September application for the January review, this is allowable, but the student will need to maintain the due date listed.

**Questions: 1. I want to apply for all the scholarships for which I am eligible. Can I put an 'X' for all of the listed scholarships? (and) / 2. Where do I get this Eligibility / Check off form?**

1. Several scholarship committees will review your application. You need to review the eligibility of each scholarship. (Example: Rosanne Miller Memorial is for North Adams students who attended St. Joe School. If your academic history does not fit this description, you are not eligible). Please read the eligibility requirements carefully. Some require additional material to be turned in shortly after the ACCF application has been submitted. Don't forget this supplemental material. (Example: Essay required for Trooper Elson, Officer Wyss, Bryan Miller, Junior Ach., etc).
2. The *Eligibility / Check-off* form is available at each high school guidance department after **January 1.**

**Question: I will not get my most recent SAT/ACT scores back until after the September / January due date. What should I do?**

Submit your application on time. When you receive your scores, submit them in writing to the ACCF. **How?** On a piece of paper, include your name, high school, test type, and score. It is not necessary to pay extra to get your test results earlier.

**Question: I want to report my GPA scores to the third digit, but the field will not allow this. What should I do?**

If your computer / application will not allow this, you may neatly write this digit on the application.

**Question: I don't have a major. Is this a problem?**

It is helpful for you to commit ... at least for now. On the *Eligibility / Check-off form*, report your first and second planned major field of study. If possible, list the **school** in which you think you may pursue a degree (example: School of Education, School of Business, School of Agriculture). It is understood this may change, but it is helpful to give the reviewers an idea of your planned major.

**Question: I want to put more information in the narrative pages (pp. 4, 5, 6 of the application), but the computer programmed application refuses to allow me to do this. What do I do?**

Admittedly, this is a problem for a select few, and it is certainly frustrating and unfair to these students. If you have this problem, the easiest way to approach this is to create your response on a separate Word document (within the areas / words allowable on the application), print it out, and literally cut and paste this onto your original application. The subsequent copies will pick up the information. The Foundation apologizes, in advance, if you are one of these few.

**Question: The application pages, when printed, do not line up like the pages on the computer monitor. What do I do?**

This fillable document is set up to agree with PC and MAC. However, some students have reported problems. It is recommended that you print a copy to see if your application and the application on the monitor appear to be the same. If your computer experiences this concern, you may want to handwrite the application and then use a computer at your school that does allow for compatibility. This is another reason a student would want to practice good time management for the completion of this application.

**Question: (1) A signature is missing, (2) a narrative has not been addressed, (3) GPA score is missing without explanation (4) anything else ... Will these oversights adversely affect my chances of an award?**

(1) Please consider this an 'agreement'. You must read the agreement pages and sign these (cover page and page 7). If you are under 18, a parent or guardian signature is also needed. If requested, the Foundation reserves the right to share the application with the legal parent who has not signed the application. (2) It is very important to address each of the narratives, even if you write only a sentence or two. (3) GPA scores: Some scholarship committees are guided to review GPA scores. If these are missing, the student would not be eligible for these few scholarships. (4) For the scholarship committees to do their job, it is very important to address each and every component of this application. It is recommended that the student fill out all areas of the application.

**Question: I cannot get the application to the ACCF during office hours (M – Th, 8-4 pm / Fri: 8-1). What should I do?**

Understanding the due date is important, the Foundation staff will call the Atomic Clock number (724-1234) at 4:00pm to confirm the time. Applications that arrive after this date / time will not be considered for review. **24/7:** The ACCF, Madison St. mail slot is always available. Students may also have a friend or parent drop off their application. Please do not miss this due date.

**Question: "I had an accident on the way to the ACCF, on the due date at 3:55pm. My application will be late, will you please take it?"**

Yes and No: Late for the Sept due date? We will hold this application for the January scholarship process. Late for the January\* due date? We are sorry. Please plan ahead. (Example: A few years ago, in Adams County there was a major ice storm that closed all county schools for several days – right at the due date time. Some high school guidance departments opened specifically to assist their students who waited until the final few days to collect their letters of recommendation and transcripts. However compelling, we cannot accept a late application. That application is in competition with an application that was submitted days prior to the due date. It is unfair for the ones who planned accordingly, for the Foundation to accept the late ones. Plan on something going too wrong: cartridge runs out on the last page, electric storm knocks out your power, your computer locks up, your locker is stuck, your application material is inside, etc. Plan on something going too right: your high school has a major competition, and you are on the team, you got an unexpected invitation to a great event, etc. Believe us, these things happen – don't let it be you. Good Luck!

\*The ACCF will hold the Sept. application for the January scholarship cycle. Late January applications will be held for the November cycle.

**Cover Page**

**Adams County Community Foundation (ACCF)  
Scholarship Application for Traditional Students**

**Attach original  
picture here  
(picture may be  
larger than  
this space).**

**Please photocopy the  
picture on the nine  
copies submitted.**

**Applicant's Name (first/last):** \_\_\_\_\_ / \_\_\_\_\_

**Email:** \_\_\_\_\_ (personal email, not school)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, **IN** **Zip:** \_\_\_\_\_ ☐ Yes / ☐ No **I am an Adams County, IN resident**  
#Yrs \_\_\_\_\_ **I have lived in Adams County this many years**

**Phone - (home):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**High School:** ☐ Adams Central ☐ North Adams ☐ South Adams ☐ Home School ☐ Other: \_\_\_\_\_

**Class rank** (after most recent semester): \_\_\_\_\_ **of** \_\_\_\_\_ **students** **GPA** (after most recent semester / using 4.0 scale): \_\_\_\_\_

**SAT scores: Reading** \_\_\_\_\_ **Math:** \_\_\_\_\_ **Subtotal:** \_\_\_\_\_ / (If applicable) **Writing Score:** \_\_\_\_\_

**Total of all SAT components:** \_\_\_\_\_

**ACT scores: English:** \_\_\_\_\_ **Math:** \_\_\_\_\_ **Reading:** \_\_\_\_\_ **Sci. Reasoning:** \_\_\_\_\_ **Composite:** \_\_\_\_\_

It is understood that students change their majors. A student who changes their declared major will need to contact the ACCF office as soon as a change has been decided. An example:

The Hospital Auxiliary Scholarship is awarded annually to a student majoring in a health care field. Should a student that indicates he/she is majoring in nursing/ pre-med., is awarded the Hospital Auxiliary Scholarship, then changes his/her major to music, then the student will need to surrender that scholarship award.

**Authorization**

The provisions of the Family Education Rights and Privacy Act require a school to obtain signed authorization before student information can be released. Permission is hereby given to school officials to release the secondary school record and other requested information to the Adams County Community Foundation for consideration in the Foundation Scholarship program.

Permission is hereby given to the Scholarship Application Review Committee to contact:

- ❖ Listed references, employers, sponsors, coaches, and other organization leaders to verify awards, experiences, and achievements listed herein for the purpose of scholarship award determinations.
- ❖ Local authorities, including staff and/or administrators of my school, as well as area courts, prosecutors, probation department and law enforcement agencies for the purpose of determining whether my behavior has resulted in, or is subject to, disciplinary action being taken against me.

I specifically authorize the release of information and/or documents by such parties to the Application Review Committee upon its request to allow such information or documentation to be considered in determining scholarship awards.

**Possible Narrative:**

Have you been subjected to documented disciplinary action at school or been involved in court proceedings or are you currently subject to disciplinary action being taken at school or in court proceedings? (If applicable, please attach this page to the very back of your packet.)

1. If so, briefly explain this incident on a separate piece of paper and attach this page to the very back of your application. The committee will focus on the second paragraph/part of this page:
2. What life-lesson did you learn from this misjudgment?

Note: It is very unlikely this will affect the student's eligibility for any scholarship. More importantly, revealing any 'serious' youthful indiscretion of this nature allows the scholarship committees to make insightful decisions.

Why is this question on the application? In the past, the Foundation has been contacted regarding the unfavorable activities of students. The Foundation is aware that this information may or may not be factual, and may become an issue if the committee has not been fully informed.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian's signature:** \_\_\_\_\_

Instructions for pages 1, 2, 3: 1. Provide the name and telephone number of your immediate supervisor or the contact person.

2. Indicate if the job / activities were seasonal and an approximate number of hours worked *per week*.

### Development of Work Ethic

List any **PAID POSITIONS** / job experiences, responsibilities, honors, or recognitions received through your workplace during your high school career. This may include summer camp jobs.

NOTE, pp 1.2.3: This is a fillable doc. The font size will fill the cell, please do not be distracted by these various font sizes.

Grade Levels				Activity, Title, Place of employment	Recognitions Promotions/Responsibilities (Recommendation: do not leave blank)	Supervisor name & phone number	Approximate frequency: Check one and list approx. hours worked <i>per week</i>	
8/9	10	11	12					Hours per week:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> All year:	Hours per week:
							<input type="checkbox"/> School yr only:	
							<input type="checkbox"/> Summer only:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> All year:	Hours per week:
							<input type="checkbox"/> School yr only:	
							<input type="checkbox"/> Summer only:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> All year:	Hours per week:
							<input type="checkbox"/> School yr only:	
							<input type="checkbox"/> Summer only:	

**Other:** List any experiences that do not 'fit' into the above grid. Example: membership in national organizations, project involvement, College-level/Dual-Credit/AP Classes, etc. For students with multiple advanced classes, please highlight these on your transcript and indicate below on the grid: "Please see highlighted line-items on my transcripts". If you have any questions, please contact the ACCF 260.724-3939 or E: accf@AdamsCountyFoundation.org.

8/9	10	11	12	Involvement / membership	Details you wish to share	Supervisor's name & phone number	Dates (or 'other' information)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Do not add another page to this page. Prioritize the activities in which you have participated.**

## Community Involvement / Community Service

NOTE, pp 1.2.3: This is a fillable doc. The font size will fill the cell, please do not be distracted by these various font sizes.

**Community Service definition:** a volunteer position that provides assistance to a nonprofit organization or for a non-relative. This activity does not provide the student with any monetary benefits, exchange of goods or services.

List uncompensated community activities (past four years) and note leadership positions / major accomplishments. Examples: church groups, clubs sponsored outside the school, youth organizations (ex. 4-H and non-school related sports teams), volunteer groups, or community art programs. Student must include the approximate frequency of participation of the activity (Example: 4mths, 1 hr/wk or 2x/yr, total 6 hrs or 12 hrs/mth / etc.). If you have any questions, please contact the ACCF Office at 260.724-3939 or [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org).

Note: please do not be concerned with variations in font size. Each cell will adjust to fit information.

Grade Levels				Community Involvement Activity	Major accomplishments / Responsibilities <small>(recommendation: do not leave blank)</small>	Supervisor name & phone number	Approx. frequency <small>approx. hrs worked per week</small>
8/9	10	11	12				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Other activities:** List additional activities / services that are ‘community’ related but for which you have not received compensation or class grade (this area is for you to list involvement beyond the class/school requirements). These activities may include, but are not limited to: cadet teaching, H.O.E., musical/theatrical performances, mission trips, etc. Questions? Call: ACCF at 260.724-3939.

8/9	10	11	12	Additional activities	Details you wish to share	Supervisor name & phone number	Dates (or ‘other’ information)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Do not add another page to this page. Prioritize the activities in which you have participated.**

### School Activities

Note: (for pages 2 and 3): If a School Activity is recorded and it is learned that the student gets academic credits or monetary rewards, points may be deducted as this is not considered a legitimate volunteer activity.

List all school-related activities you have participated in over the past four years and note any leadership positions or major accomplishments for each activity. Activities may include academic and/or athletic recognitions, clubs, organizations, teams, and musical groups, etc.

Grade Levels				School Activity	Major accomplishments, responsibilities, offices, & position of leadership held <small>(Recommendation: do not leave blank)</small>	Contact person & phone number	Approx. frequency <small>approx. hrs worked per week</small>
8/	10	11	12				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Other activities:** List additional activities / services that are 'school' related but which you received school credit or evaluation (this area is for you to list involvement *beyond* the class/school requirements). Please contact the ACCF at 260.724.3939 or [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org) for any questions regarding this section.

*Note: if an activity is listed on page 1 or 2 of this application, it is not necessary to repeat it on this page.*

8/9	10	11	12	Additional activities	Details you wish to share	Supervisor name & phone number	Dates (or 'other' information)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Do not add another page to this page. Prioritize the activities in which you have participated.**

**Narrative**  
**We want to get to know you....**

Scholarship committees use many components of this application to make their final decision. Committee members may use these questions to review a student's life experiences, choices and/or how they have overcome a challenging circumstance. These questions are not intended to question one's life choices or personal decisions rather how the applicant manages to respond to these narratives.

Students are reminded that this information will be reviewed by several scholarship committee members and will remain confidential. In regards to this application, if you have any questions about your choice of topics, please call the ACCF: 260.724.3939 or email at [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org) with your question. This conversation will be confidential.

Please answer the following questions and limit your responses to the space provided for each question. For narratives (1-7), font: 10 (mini) / word count: 50-200 (max). Hint: Leaving a narrative blank is not recommended.

**1) Your application indicates you wish to attend: \_\_\_\_\_ school and major in \_\_\_\_\_\*.**

Please explain how you came to your decisions for this college and major.

\*NOTE: If you report your school/ major on the Sept application then change it for the Jan. application, this narrative must match these revisions. Please rework.

**2.) Health, academics, personal challenges, etc. (not limited to these topics), please share a challenge you have identified and managed to accept or overcome.**

## Narratives

For narratives (1-7), font: 10 (mini) / word count: 50-200 (max).

3.) What's the most challenging decision you have had to make in high school?

4.) Some students have a background, identity, interest, religion, or intellectual / skillful talent that is so meaningful they believe their 'description-of-self' would be incomplete without it. Please share this information.

5.) What motivates / impresses you? (or) What discourages / disappoints you?



## Narratives

For narratives (1-7), font: 10 (mini) / word count: 50-200 (max).

6.) Is there anything you would like to share with the review committee? (or) Please tell us something most people don't know about you.

7.) In your lifetime, list two memorable events that have occurred (historically or personally) you will always remember.

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If selected (or not selected) for a scholarship: It is the sincere expectation that the students selected (and his/her family and friends) understand the decision made by the Foundation Scholarship Committee and Board is final. Further, it is the expectation that the students (and his/her family and friends) will fully understand the honor to which the student has been bestowed and will accept the decision with dignity, maturity, and professionalism.

Questions and comments are to be directed to the Adams County Community Foundation. NOTE: Do *not* contact any donor. Further, volunteer ACCF Foundation Board members and Scholarship Committee members represent all areas of Adams County. If a person questions the decision of the Foundation Board and/or Committee, these questions may be directed to the Adams County Community Foundation at (260) 724-3939.

**This completes the application. Please read this and the following two pages carefully.**

*Student signature page/authorization (this page MUST be signed before a scholarship may be awarded)*

**September Candidates: Lilly Endowment Community Scholarship: If selected ...**

- \_\_\_\_ “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 2026-2027 school year.”
- \_\_\_\_ “To assist with the processing of my scholarship payments each semester or quarter and to avoid late fees, I will forward to the Adams County Community Foundation immediately upon receipt all invoices for tuition and any eligible fees that may be covered by my scholarship.”
- \_\_\_\_ “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. If the amount remaining exceeds \$25, I will return to Independent Colleges of Indiana the balance of the special allocation 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 Adams County Community Foundation apprised annually by June 1<sup>st</sup> 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 Adams County Community Foundation apprised annually by June 1<sup>st</sup> 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.”

**To Lilly Candidates (please initial that you have read and understand these):**

- \_\_\_\_ Should the candidate conduct himself/herself in such a manner that would result in and reflect an unfavorable image upon the Lilly Endowment Community Scholarship or the Foundation, the ACCF shall reserve the right to recommend to the ICI (the governing organization for the Lilly Scholarship) that this (and/or any other scholarship associated with the Foundation) be withdrawn.
- \_\_\_\_ I understand that I will be removed from the scholarship applicant pool for any other scholarships administered by the Adams County Community Foundation (ACCF) if I am selected as an ACCF Lilly Endowment Community Scholarship recipient.

Your initials indicate you have read and understand these requirements.

- ☐ Check here if you are a child, grandchild, great-grandchild (to include steps) of an ACCF Board of Director, Employee, or Scholarship Committee member within the past five years. **Note: this is a requirement for the Lilly Endowment Community Scholarship and does not disqualify the student from this or any other scholarships within the ACCF. However, disclosure for purposes of conflict-of-interest is required by Lilly Endowment, ICI, and ACCF.**

**Sept/Jan candidates: All scholarships associated with the Adams County Community Foundation:**

- I will keep the Adams County Community Foundation apprised of my academic status during college until the expiration of the scholarship awarded, by providing a transcript of my grades and receipts for my stipend (if applicable).
- I will provide for the ACCF any change of address to include postal mail and electronic mail.

The Foundation shall reserve the right to withdraw the scholarship if the recipient should conduct himself/herself in such a manner that would result in and reflect an unfavorable image upon the Adams County Community Foundation and/or any other scholarship associated with the Foundation.

- ☐ I certify that the information provided on this application (and all paperwork to the ACCF) is complete, true, and accurate to the best of my knowledge. Falsification of information and/or use of Artificial Intelligence (AI) may result in the termination of any scholarship and/or repayment of any funding misappropriated to me as a result of a later discovered impropriety or illegality.
- ☐ I agree to account for and return any amount of the special allocation for required books and required equipment remaining at the end of each school year.
- ☐ By checking this, I understand that I have given the Adams County Community Foundation permission to share my scholarship application with other committees so that I may earn scholarship(s) beyond the Foundation’s selection committees.
- ☐ By signing this application, I agree to abide by all ACCF Scholarship guidelines and decisions as determined by the IRS and/or the ACCF Board of Directors.

**Applicant’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian’s signature** \_\_\_\_\_ **/ Date:** \_\_\_\_\_

**Parent email address:** \_\_\_\_\_

**Employment Information, Etc.**  
**Adams County Community Foundation**  
**102 N. Second Street**  
**Decatur, Indiana 46733**

Please submit this completed form (this page may be neatly hand written) with each copy of the ACCF application.

**Applicant's name:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
 \_\_\_\_\_ **part-time (approx. # of hrs./wk: \_\_\_\_\_)** \_\_\_\_\_ **full-time**

**Mother's/guardian's name:** \_\_\_\_\_ **Cell Phone: (\_\_\_\_) \_\_\_\_\_**

**Employment:** \_\_\_\_\_ / **Business Address:** \_\_\_\_\_ **approx. hrs./wk / week:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Mother/Guardian's Email address:** \_\_\_\_\_

**Father's/guardian's name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Employment:** \_\_\_\_\_ / **Business Address:** \_\_\_\_\_ **approx. hrs./wk / week:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Father/Guardian's Email address:** \_\_\_\_\_

**Siblings: (living with you and those supported by your household - 50% or more of the time):**

	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Year in school</u>	<u>Presently attending college?</u>
1.)	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
2.)	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
3.)	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
4.)	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
5.)	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

**Family Matters:** **Is there anything more you would like to share regarding your family's financial status?**  
 (i.e. lay-off, illness, parent(s) in college, grandparent/foster child lives with your family, etc.)

**If you need additional space, please attach on a separate page.**

The following information is necessary as some committees use this information to determine eligibility or selection.

Please check all that apply:

**Family / College Information:**

☐ I am the first person (to include my siblings and parents) in my family to attend college.

☐ I have older sibling(s) in my family who have college experience.

I have \_\_\_\_\_ Older siblings who have college experience.

I have \_\_\_\_\_ Older siblings who have college degree(s).

☐ My parents have college experience:

☐ My father has college experience and/or

☐ My mother has college experience and/or

☐ My father has a college degree.

☐ My mother has a college degree.

Public assistance received during the past 12 months (check all that apply):

☐ Temporary Assistance to Families

☐ Supplemental Security Income (SSI)

☐ Trustee's Assistance

☐ Free or Reduced Lunch

☐ Food Stamps

☐ Other: \_\_\_\_\_