



**2026
APPLICATION FORM "A"**

FIRST NAME **MIDDLE** **LAST**

ADDRESS

CITY **COUNTY** **STATE** **ZIP**

PHONE # **ALTERNATE PHONE #**

E-MAIL ADDRESS

NAME OF HIGH SCHOOL ATTENDING

HIGH SCHOOL PHONE NUMBER

PRINCIPAL'S NAME

PARENTS'/GUARDIANS' NAMES

ADDRESS **TELEPHONE** **CELL OR WORK PHONE**

CITY **COUNTY** **STATE** **ZIP**



**2026
APPLICATION FORM "B"**

Date of Birth _____

Year you will be entering college _____

Intended majors _____

Intended minors _____

Anticipated High School Graduation Date _____

What is your first college choice?

Have you applied? Yes No

What is your second college choice?

Have you applied? Yes No

Have you been accepted to any colleges at this time?

Yes No

If so, where?



STATEMENT SIGNATURE PAGE

The Cass County Lilly Endowment Community Scholarship Program requires the following statements must be signed by each applicant:

- 1. 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.***
- 2. 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.***
- 3. To assist with and to avoid late fees in the processing of my scholarship payments each semester or quarter, I will forward immediately to the Cass County Community Foundation all invoices received for tuition and any eligible fees that may be covered by my scholarship.***
- 4. 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 \$100, I will return to Independent Colleges of Indiana the balance of the special allocation at the end of each school year.***
- 5. 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.***
- 6. I will keep the Cass County Community Foundation 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.***
- 7. Upon graduation, I will keep the Cass County Community Foundation apprised annually by June 1st 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.***

Agreed to by: _____

Printed Name of Scholar

Signature of Scholar

Date