

ROGER BEGNOCHE SCHOLARSHIP
Administered by LEGACY FOUNDATION, INC.

APPLICATION INFORMATION AND INSTRUCTIONS

ELIGIBILITY REQUIREMENTS

You will be considered eligible to apply for this scholarship if you meet the following criteria:

- ✓ You are a resident of Indiana and a citizen of the United States.
 - ✓ You are a current high school graduate or have completed your G.E.D.
 - ✓ You are a male student and have been accepted as a full-time student at Purdue University Calumet, Indiana University Northwest, Calumet College of St. Joseph, Ivy Tech, or University of St. Francis. (12 or more credit hours a semester is the determining factor for a full-time student.)
 - ✓ You have been accepted into the School of Nursing or you are pursuing a degree in education.
 - ✓ Your SAT score is higher than a 900 (math & verbal combined) for a nursing student or 850 (math & verbal combined) for education.
- (You are not eligible if you have received a 21st Century Scholarship Award.)

SCHOLARSHIP GUIDELINES

- ✓ Scholarships in the amount of \$4,000/yr for a maximum 4 years will be awarded.
- ✓ This scholarship is designated for tuition, required fees and/or book expenses.
- ✓ A student will be eligible for the renewable scholarship if they remain in good academic standing, continue towards a nursing or education degree, and submit the appropriate paperwork to Legacy Foundation (tuition bill and transcripts) in a timely manner.

SELECTION CRITERIA

Selection of scholarship recipients will be based on: academics, school activities, community or volunteer involvement; financial need; work experience; a recommendation letter from an adult (non-family member); and an original essay.

*** First consideration will be given to Boys & Girls Club members and Campagna Academy graduates.*

**Interested students can download an application at www.legacyfdn.org
Email: legacy@legacyfdn.org or call Legacy Foundation at 219-736-1880.**

APPLICATION INSTRUCTIONS

Your completed application packet must include:

- The completed application form signed, dated and typed or printed neatly in black or blue ink.
- A copy of your completed FAFSA form which includes your Estimated Family Contribution (EFC).
- Your original essay, typed with a size 12 font, double-spaced and no longer than 2 pages.
- A recommendation letter completed by an adult, other than a family member.
- Your official high school transcript (or GED diploma) with proof of your SAT and/or ACT scores.

APPLICATION DEADLINE

The completed application packet must be signed and postmarked **by April 15th annually**.
Send to: Legacy Foundation, 1000 E. 80th PL, Suite 402 North, Merrillville, IN 46410

ROGER BEGNOCHE SCHOLARSHIP

ADMINISTERED BY LEGACY FOUNDATION

APPLICATION

Instructions for completing this application:

1. Please type or print all information using blue or black ink. (or complete the online version at www.legacyfoundationlakeco.org/scholarships)
2. Complete all questions; additional information may be provided on a separate sheet.

Applicant Information

Name _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (Zip Code)

Phone Number _____ Email (if avail.) _____

Family Information

Name of Father or Guardian _____

Address (if different from applicant) _____
(Street)

_____ Phone (if different) _____
(City) (State) (Zip Code)

Name of Mother or Guardian _____

Address (if different from applicant) _____
(Street)

_____ Phone (if different) _____
(City) (State) (Zip Code)

Check if applicable: father deceased mother deceased parents divorced
 single parent household other _____

How many brothers & sisters in your family? _____ What are their ages _____

_____ How long have you lived in Lake County _____

Who in your family has attended college? _____

Boys & Girls Club Information

Boys & Girls Club location _____

Phone _____ Contact name _____

College / University Information

Name of College _____

Anticipated Major Field of Study: _____ Nursing _____ Education

Have you received any scholarships? _____ If yes, which ones and for how much:

School Extra-Curricular Activities – List athletics, music groups, drama, clubs, Student Council, National Honor Society, academic teams, peer tutoring, teacher assistant, etc. Make sure to include the position you held and any honors or awards received.

| Activity | Years involved | Hours/Week | Position, Honors, Awards, Leadership |
|---------------------------|----------------|------------|--------------------------------------|
| Example: Football Team | 9,10,11,12 | 10 | Squad Captain - senior |
| | | | |
| | | | |
| | | | |
| | | | |

Service to others, Community, Religious, and Civic Activities – This category is for service projects (Boys & Girls Club, church youth groups, Scouts, etc.) volunteer activities at hospitals or for other organizations. List the estimated hours for each and the years in which you were involved.

| Organization | Year/Date involved | Hours/Week | Activity |
|--------------------------------------|--------------------|------------|--------------------------|
| Example: St. Timothy's – Gary, IN | Dec. 2010 | 8 | Served food/Soup Kitchen |
| | | | |
| | | | |
| | | | |
| | | | |

Work Experience – List any paid employment below. List specific dates employed by using month/year.

| Employer | Supervisor | Dates Employed | Hours/Week | Position |
|----------------------------------|------------|-------------------------------------------------|------------|------------|
| Example: Vito's Hot Dog Stand | Vito Cook | Beginning Date: 6/01/07 Ending Date: present | 15 | Grill Cook |
| | | Beginning Date: Ending Date: | | |
| | | Beginning Date: Ending Date: | | |
| | | Beginning Date: Ending Date: | | |

Do you plan to work while in college? _____ If yes, where: _____

How many hours a week do you expect to work? _____

Financial Information (use an additional sheet of paper if necessary)

| Name of Scholarships | Received or Pending | If pending, expected date of notification | Scholarship Amount |
|----------------------|--------------------------------------------------------------------|-------------------------------------------|--------------------|
| | <input type="checkbox"/> Received <input type="checkbox"/> Pending | | \$ |
| | <input type="checkbox"/> Received <input type="checkbox"/> Pending | | \$ |
| | <input type="checkbox"/> Received <input type="checkbox"/> Pending | | \$ |

How do you plan to finance your college education? Please specify the percentage's from the following sources. Feel free to add additional information. Parents _____ Loans _____ Savings _____
Employment _____ Other _____

Essay

On a separate sheet of paper, please answer the following question. Your response must be typed (size 12 font) and double-spaced. **Do not exceed two pages.**

1. Identify a role model, mentor, or person you admire (other than a family member) and describe how they have inspired you, and/or had a significant impact on your life. (This can be a coach, a neighbor, teacher or someone from your church, etc.)

Certification

The Legacy Foundation, Inc., *Lake County's Community Foundation*, is the administrator of this scholarship. By completing and signing this form, the applicant agrees to the following:

1. I hereby affirm that the information provided on this application is accurate and complete to the best of my knowledge.
2. I have read and understand the information provided on the Scholarship Guidelines page and have had my questions answered satisfactorily by the Legacy Foundation.
3. I understand that this scholarship may only be used for tuition, fees, and/or book expenses. Checks for tuition and fees will be issued directly to the school. If I choose to use this scholarship for books, I understand that I must contact the Legacy Foundation **before** the beginning of the academic year to receive instructions on disbursement of the funds.
4. I hereby agree to submit a copy of my tuition bill to the Legacy Foundation at the beginning of the academic year. Furthermore, I understand that no tuition checks will be issued without a copy of the tuition bill.
5. I agree to submit an official copy of my transcript at the end of the academic year.
6. My scholarship is renewable for 3 years, in the amount of \$4,000 a year, providing I remain in good academic standing, continue towards a nursing or education degree, and submit the appropriate paperwork as stated above.
7. The Legacy Foundation, Inc. has my permission to use any general information included in this application, as well as a recent photo, for publicity purposes.

Please sign and date this application:

Applicant's Signature

Date

PLEASE SUBMIT THE FOLLOWING TO:

**Legacy Foundation, Inc.
1000 E. 80th Pl., Suite 402 North
Merrillville, IN 46410**

- Your completed application signed and dated.
- A copy of your completed FAFSA form.
- Your original essay, typed, double-spaced and no longer than 2 pages.
- A Recommendation letter completed by an adult, other than a family member, from the Boys & Girls Club. (For non Boys & Girls Club members a recommendation letter from an adult, other than a family member.)
- Your official high school transcript (or GED diploma) with proof of your SAT and/or ACT scores.

Completed Applications must be POSTMARKED BY April 15th annually.

Incomplete Applications or applications postmarked after April 15th will not be considered.

Call 219-736-1880 with questions or email: legacy@legacyfdn.org

Applications are also available online at www.legacyfoundationlakeco.org/scholarships