

2010 DR. JOHN MANIOTES MEMORIAL SCHOLARSHIP PROGRAM

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 who is a citizen of the United States.
- ✓ You are a senior in high school who will graduate by the end of June 2010 from an accredited high school.
- ✓ Your parent or grandparent is a current employee of Lake County, Indiana at the Government Center in Crown Point or another site.
- ✓ You must be accepted as an incoming freshman beginning in the fall of 2010 at an accredited public or private college or university.
- ✓ You must seek a four-year baccalaureate degree or a two-year associate degree at a college or university that offers a baccalaureate degree.

SCHOLARSHIP GUIDELINES

- ✓ Up to 2 scholarships, in the amount of \$2,500 each, will be awarded in 2010.
- ✓ This scholarship is designated for tuition, required fees, and/or book expenses and is nonrenewable.

SELECTION CRITERIA

Selection of scholarship recipients will be based on: academic performance (recommended minimums: SAT 1400; ACT 19; and GPA 2.5), character, essay, extra-curricular activities.

Interested applicants can download an application at
www.legacyfoundationlakeco.org/scholarships
Or contact the Legacy Foundation at 219-736-1880.

APPLICATION INSTRUCTIONS

Your completed application packet must include:

- The completed application form typed or printed neatly in black or blue ink.
- Your original essay, double-spaced and no longer than two pages.
- Two recommendation forms completed by adults other than family members.
- The completed Scholastic Profile Form filled out by your guidance counselor.
- An official high school transcript (as requested on the Scholastic Profile Form from your guidance counselor)

APPLICATION DEADLINE

The completed application packet must be signed and postmarked **by April 1, 2010.**

Mail to: Legacy Foundation, Inc.
1000 E. 80th Place, South Tower 302
Merrillville, IN 46410

DR. JOHN MANIOTES SCHOLARSHIP PROGRAM
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.
3. Include your written essay, typed, double-spaced, and no longer than 2 pages.
4. Include an official copy of your high transcript with your completed application.
5. Include two recommendation forms completed by adults other than family members.
6. Include the Scholastic Profile Form completed by your guidance counselor.

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

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

Phone Number _____ Email _____

Name of parent/grandparent employed by Lake County _____

Relationship to applicant _____

Office where employed _____

Father's Name _____ Living Deceased

Father's Address (if different from above) _____

Mother's Name _____ Living Deceased

Mother's Address (if different from above) _____

Number of children in family _____ Number living at home _____

With whom do you live? Both parents Father Mother Stepparent
 Relative Other

List the colleges or universities where you have applied and the status of the application:

| College applied to: | Status of application: |
|---------------------|--|
| | <input type="checkbox"/> pending <input type="checkbox"/> accepted |
| | <input type="checkbox"/> pending <input type="checkbox"/> accepted |
| | <input type="checkbox"/> pending <input type="checkbox"/> accepted |
| | <input type="checkbox"/> pending <input type="checkbox"/> accepted |

Anticipated Major Field of Study: _____

List work experience, if any:

| Place of Employment | Dates of Employment | Job Duties | Name of Supervisor |
|---------------------|---------------------|------------|--------------------|
| | | | |
| | | | |
| | | | |

List activities in which you have participated during high school. Include any honors or special recognition that you have received. You may use an additional sheet of paper if necessary.

| School-Related Activities | Year(s) of Participation (9-12) | Positions of Leadership (if any) | Honors or Special Recognition Received |
|----------------------------------|---------------------------------|----------------------------------|--|
| | | | |
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| Service to Others | | | |
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| | | | |
| | | | |
| | | | |
| Community/Religious/Civic | | | |
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| | | | |

ESSAY

On a separate sheet of paper, please answer the following three questions. Your response must be typed and double-spaced with only your Name in the upper right corner of each page. Your answers, in total, **must not exceed two pages.**

1. Please describe one person (other than a family member) who has had a significant impact on your life. How has that person affected your life?
2. Describe the impact that your extracurricular activities have had on you and your community.
3. Please explain why you wish to further your education.

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 Information and Instructions 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. I understand that this scholarship is not renewable.
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., South Tower 302
Merrillville, IN 46410**

- Your completed signed application
- Your original essay, Typed, double-spaced and no longer than 2 pages
- Two recommendation forms completed by adults other than family members
- The scholastic profile form completed by your Guidance Counselor
- An official copy of your high school transcript (as requested on the scholastic profile form from your guidance counselor)

APPLICATIONS MUST BE POSTMARKED BY APRIL 1, 2010.

APPLICATIONS POSTMARKED AFTER THAT DATE WILL NOT BE CONSIDERED.

Call 219-736-1880 with questions or email: legacy@legacyfoundationlakeco.org
Applications are also available online at www.legacyfoundationlakeco.org/scholarships

DR. JOHN MANIOTES SCHOLARSHIP PROGRAM

ADMINISTERED BY LEGACY FOUNDATION

SCHOLASTIC PROFILE

(TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR APPROPRIATE OFFICIAL)

Name of Student _____ Today's date _____

Cumulative grade point average **on a 4.0 scale** _____ Are grades weighted? Yes No

Curriculum program applicant followed in high school:

- Academic (or college prep) General Academic Honors
 Technical/Vocational Core 40 Other/Please Specify

Advance Placement Courses Taken: _____

SAT: Verbal _____ Written _____ Math _____ Total _____ **ACT:** Composite Score _____

(You must include official verification of the SAT/ACT scores)

Please circle your response on each line that adequately describes this student:

| | | | | |
|---|-----------------------|------------------|------------------------|---------------|
| The applicant's choice of a post-secondary education program is | Extremely appropriate | Very appropriate | Moderately appropriate | Inappropriate |
| The applicant's achievements reflect his/her ability | Extremely well | Very well | Moderately well | Not well |
| The applicant's ability to set realistic and attainable goals is | Excellent | Good | Fair | Poor |
| The quality of the applicant's commitment to the community is | Excellent | Good | Fair | Poor |
| The applicant is able to seek, find and use learning resources | Extremely well | Very well | Moderately well | Not well |
| The applicant demonstrates curiosity and initiative | Extremely well | Very well | Moderately well | Not well |
| The applicant demonstrates good problem-solving skills, follows through and completes tasks | Extremely well | Very well | Moderately well | Not well |
| The applicant's respect for self and others is | Excellent | Good | Fair | Poor |

Any additional information you would like the Selection Committee to consider about this applicant?
(Feel free to use an additional sheet of paper)

School Official's Signature

Title

Telephone Number

Email

*****Please attach a copy of the applicant's high school transcript and place this completed form in a sealed envelope and return to the applicant.**

At least one Senior grading period must be listed on the Transcript.

If your school has additional information regarding curriculum or grading, please include it with this form.

DR. JOHN MANIOTES SCHOLARSHIP PROGRAM
ADMINISTERED BY LEGACY FOUNDATION
RECOMMENDATION FORM

Please circle on the continuum each characteristic that most adequately describes _____
at the present time. (Student's Name)

| | 1 | 2 | 3 | 4 | 5 |
|----------------------------|---------------------------------|-------------------------|-------------------------|---------------------------------|---|
| Cooperation: | Uncooperative | Seldom Cooperative | Sometimes Cooperative | Generally Cooperative | Always Cooperative |
| Respectful: | Disrespectful | Seldom Respectful | Sometimes Respectful | Usually Respectful | Always Respectful |
| Class Preparation: | Never Prepared | Occasionally Prepared | Partially Prepared | Generally Prepared | Always Prepared |
| Motivation: | Purposeless | Vacillating | Usually Purposeful | Effectively Motivated | Highly Motivated |
| Concern for Others: | Indifferent | Self-Centered | Somewhat Social | Generally Concerned | Deeply Concerned |
| Influence on Peers: | No Influence On Peers | Is Capable of Influence | Somewhat Influential | Can Motivate Most Peers | Highly Influential |
| Respect of Peers: | Not respected | Somewhat respected | Generally respected | Respected by most peers | Highly respected by peers |
| Responsibility: | Unreliable | Somewhat Dependable | Usually Dependable | Conscientious | Assumes Much Responsibility |
| Integrity: | Not Dependable | Questionable | Generally Honest | Reliable | Consistently Trustworthy |
| Self-Concept: | Feeling Nothing Ever Goes Right | Often Defeated | Somewhat Self-Confident | Usually Self-Confident | Consistently Shows Poise and Confidence |
| Outlook on Life: | Bitter Most of the Time | Sarcastic | Sometimes Optimistic | Usually Pleasant | Looks Consistently on the Bright Side |
| Self-Disciplined: | Rebellious | Resistive | Conforms | Lives Comfortably Within Limits | Supports and Encourages Regulations |

What three adjectives would best describe the applicant?

Additional comments welcome (Feel free to use an additional sheet of paper) _____

Name of Individual Completing Form Phone Date

Relationship to the Student Name of Organization

Please place this completed form in a sealed envelope and return to the applicant.

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RECOMMENDATION FORM

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