

# **2012 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 2012 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 2012 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, may be awarded in 2012.
- ✓ 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](http://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 2, 2012.**

Mail to: Legacy Foundation, Inc.  
1000 E. 80<sup>th</sup> Place, North Tower 402  
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](http://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 school 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: \_\_\_\_\_



## **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:

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Applicant's Signature

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Date

### **PLEASE SUBMIT THE FOLLOWING TO:**

**Legacy Foundation, Inc.  
1000 E. 80<sup>th</sup> Pl., North Tower 402  
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 2, 2012.**

**APPLICATIONS POSTMARKED AFTER THAT DATE WILL NOT BE CONSIDERED.**

Call 219-736-1880 with questions or email: [legacy@legacyfdn.org](mailto:legacy@legacyfdn.org)

Applications are also available online at [www.legacyfoundationlakeeco.org/scholarships](http://www.legacyfoundationlakeeco.org/scholarships)



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**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:**

	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
The applicant's choice of a post-secondary education program is				
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.**