

MIAMI COUNTY  
COMMUNITY  
FOUNDATION  
A FUND AFFILIATE OF NICF

2010

LaVonne M. Eddy Nursing Scholarship  
Non-Traditional Student Application



NORTHERN INDIANA  
COMMUNITY  
FOUNDATION  
STARKE FULTON MIAMI

**Northern Indiana Community Foundation, Inc.**  
P. O. Box 807, 715 Main Street, Rochester, IN 46975  
Phone: (574) 223.2227 Toll Free: (877) 432-6423  
Fax: (574) 224-3709 [terri@nicf.org](mailto:terri@nicf.org) [www.nicf.org](http://www.nicf.org)  
Corinne Becknell Lucas, Program/Scholarship Coordinator  
[corinne@nicf.org](mailto:corinne@nicf.org)



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Rochester, Indiana 46975  
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Corinne Becknell Lucas ♦ Program/Scholarship Coordinator ♦ corinne@nicf.org

**The Northern Indiana Community Foundation, Inc.** administers a scholarship program that each year helps local students pursue higher education. We hope to add you to our list of scholarship recipients! If you need additional assistance, please contact Corinne Becknell Lucas, Scholarship Coordinator for the Northern Indiana Community Foundation (NICF) at 574.223.2227 or toll free at 877.432.6423. You can also email questions to corinne@nicf.org. You can find our application online at nicf.org.

**LaVonne M. Eddy Nursing Scholarship:** Thomas Eddy established this scholarship in honor of his wife LaVonne in 2006 to benefit students planning a career in nursing.

**Eligibility Requirements:** Must be residents of Miami County, who have attended North Miami, Maconaquah, Peru, or Oak Hill High School for at least two (2) years prior to graduation, and pursuing a four (4) year nursing degree at an accredited college or university. Must have a C or higher GPA and be in the top, 50% of their graduating class. Involved in school, work and community.

**Please Make Sure the Following documents are completed and attached.**

- Provide a quality wallet size photo with your name on the back of the photo.
- Application Information Part A
- Application Information Part B
- Academic Certification Form
- Signature Page
- Essay Question.
  - Describe your desire to pursue a career in your selected field. Please also express your personal reasons for desiring a post-high school education.
- One official school transcript is required. The Foundation will make additional copies as needed.
  - If you are a student entering your first year of college, please attach your high school transcript
  - If you are a college student, please attach your college transcript.

**Instructions for completing the application**

- Application Deadline is March 15<sup>th</sup> 2010
- Applications should be typed or legibly printed in ink.
- Submit one original application and all required attachments. The NICF office will make all necessary copies.
- Scholarship Essay Question
  - Submit your response on a separate sheet of plain white paper.
  - Include your name on the top left of the page and the name of the scholarship you are applying for on the top right of the page.
- Do not use staples. Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

All graduates and non traditional students must return the completed application and all attachments to the Northern Indiana Community Foundation office at P.O., Box 807, 715 Main Street, Rochester, IN 46975.

# Application Information Part A

Name

First

Middle

Last

Legal Address

City / State / Zip

Mailing Address (if different from above)

City / State / Zip

Office use only

Male  Female

County of Residence

Township of Residence

Number of years residing in Indiana

Number of years residing in your township

Date of Birth

Home Telephone Number

Email address

Cell Phone Number

Father's / Guardian's Name

First

Middle

Last

Address (if different from you)

City / State / Zip

Occupation

Firm Name

Mother's / Guardian's Name

First

Middle

Last

Address (if different from you)

City / State / Zip

Occupation

Firm Name

High School

Graduation Date

# of Year's attended

Elementary School (list school name and dates attended)

Year in college in the coming academic year:  Fresh.  Soph.  Jr  Sr.  Grad. School  Other

1<sup>st</sup> Generation College Student  Yes  No Enrollment Status:  Full-time  Part-time  Other

1<sup>st</sup> choice educational institution you plan to attend Accepted?  Yes  No

2<sup>nd</sup> choice educational institution you plan to attend Accepted?  Yes  No

3<sup>rd</sup> choice educational institution you plan to attend Accepted?  Yes  No

Major field of College Study

As of this date, do you have a tuition package that pays for more than half of you college tuition per year?  Yes  No



Name of Student: \_\_\_\_\_

**Academic Certification Form:**



**This Section to Be Completed By a High School Guidance Counselor**

**Diploma:**

The student will graduate with the following:

Reg. Diploma \_\_\_\_\_ CORE 40 \_\_\_\_\_ Technical Honors \_\_\_\_\_ Academic Honors \_\_\_\_\_

**Advanced Placement Classes:**

Number of College Prep, Honors, Advanced Placement, Weighted Courses offered at this high school: \_\_\_\_\_

Number taken by student: \_\_\_\_\_

**General Testing and Scholarship:**

Did this student pass both required sections of the ISTEP GQE? \_\_\_\_\_ Yes \_\_\_\_\_ No

21<sup>st</sup> Century Scholar? \_\_\_\_\_ Yes \_\_\_\_\_ No Likely to be a recipient of the award? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Required Test and SAT/ACT Scores & Cumulative GPA:**  
*Only complete if information is not on the student's transcript*

Highest SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Total: \_\_\_\_\_

Highest Composite ACT Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

\_\_\_\_\_  
**Guidance Counselor Signature**

\_\_\_\_\_  
**Date**

**This Section to Be Completed By Applicant If They Are a Non-Traditional Student:**  
*You must still attach a copy of your most recent high school or college transcript*

GED recipients: Score on Section #1 #2 #3 #4 #5 Total Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Sat Score: Writing Math Critical Reading Total ACT Score composite \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

# Signature Page



In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. I have fulfilled all of the requirements for the application and I am enclosing required attachments as requested on the **instructions and scholarship description section** of this document. I am aware that the Northern Indiana Community Foundation scholarships may be used at an accredited education institution. I also understand that the awards will be announced in the spring and summer of 2010. In addition, I understand that the information contained in my application may be shared with the scholarship committee and / or the scholarship fund founder. If you are under 18 years of age, a parent's signature is required.

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Applicant's Name (please print)

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Applicant's Signature

Date

---

Parent's Signature

Date

**Submit one original application and all required attachments.** The NICF office will make all necessary copies. **Do not use staples.** Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

Application must be in the office of the Northern Indiana Community Foundation, Inc. by the application due date.

Mail, fax or drop off your application to the following location:

Northern Indiana Community Foundation, Inc.  
P.O. Box 807  
715 Main Street  
Rochester, IN 46978

Phone: 574.223.2227  
Fax: 574.224.3709  
Cell phone: 574.834.4101  
email: corinne@nicf.org

**Application deadline is March 15<sup>th</sup> 2010**