

# Application for Lucile Smith Memorial Scholarship

Offered by: The Lake County Indiana Extension Homemakers Association, Inc.

*Please retain this sheet for your information.*

## ELIGIBILITY

- An Indiana resident 21 years of age or older (at time of application) and a resident of Lake County for at least six months.
- Has financial need.
- Shows ability to complete education or upgrade vocational skills.
- Is a full time student at academic or vocational school which is state licensed or accredited.
- Copy of current letter of admission and a transcript verifying enrollment.
- Must be currently enrolled in undergraduate study.

## CONDITIONS

- The scholarship will be paid up to the amount of \$1000.00, paid jointly to recipient and school.
- The scholarship is to be used for books, tuition costs and other school related expenses.
- Selection will be based on a person studying at an undergraduate level.

## SELECTION

- Those selected to receive the scholarship will be notified by early April.
- The selection committee will represent the Lake County Extension Homemakers Association, Inc. The scholarship will be awarded on Achievement Day during May and awardee will be introduced by the chairperson of the Scholarship Committee. A brief statement will requested from the recipient.
- Scholarship applications must be received by March 1, 2018. Please send applications to:

**Lake County Purdue Cooperative Extension Service**  
**ATTN: HHS Department**  
**2293 N Main ST**  
**Crown Point IN 46307**

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It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran.

Purdue University is an Affirmative Action institution. This material may be available in alternative formats.



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## PERSONAL INFORMATION

|  |                                 |  |   |                                   |                                  |
|--|---------------------------------|--|---|-----------------------------------|----------------------------------|
| Name:  |                                 |  |   |                                   |                                  |
| Address:   |                                 |  |   |                                   |                                  |
| City:  |                                 | State:   |   | Zip:                              |                                  |
| Phone:   |                                 |  | Date of Birth:  |                                   |                                  |
| Marital Status:  | <input type="checkbox"/> Single | <input type="checkbox"/> Married                                   | <input type="checkbox"/> Separated                                    | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| Spouses Employment Status:   |                                 | Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Career:   |                                   |                                  |
| Children? <input type="checkbox"/> Yes <input type="checkbox"/> No | How Many:                       |  | Ages:   |                                   |                                  |
| Any Dependants Other Than Children?                                |                                 | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> No   |                                   |                                  |
| Do you work away from home?  |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No           | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |                                   |                                  |
| If yes, what type of work do you do?                               |                                 |  |   |                                   |                                  |

## EDUCATION

Please check the highest educational level you have achieved:

|   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> High school graduate   | <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| Are you currently enrolled at any kind of school or training course? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |   |
| If yes, please specify:   |                                       |   |
| Do you expect to receive a degree or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                                       |   |
| If yes, date expected:  |                                       | Field:                                    |

## FINANCIAL NEED

|  |  |
|--|--|
| Are you receiving any aid from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, please list sources:   |  |

**OVER**

## INFORMATION AND PLANS –REQUIRED

Please submit the following -

- A short sketch about your family.
- Any leadership work you have done in organizations and your work experiences.
- Why you need financial help.
- A statement telling why you want this scholarship and what career plans you have.

## REFERENCES

Please include sealed references from two people in your community who are not related to you. References should cover financial need, interest in vocation, leadership and character.

## AN INCOMPLETE APPLICATION WILL BE DISQUALIFIED

I have answered all questions truthfully and to the best of my ability.  
I understand this scholarship will be paid up to the amount of \$1000.00  
and may or may not be renewed upon the application.

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Signature of applicant

## Deadline is March 1, 2018

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