

**Eli Lilly and Company**  
**Lilly Technology Center Scholarship**

Thank you for your interest in the Lilly Technology Center Scholarship. Enclosed, please find a packet to review and complete to apply for the scholarship. The Lilly Technology Center Scholarship has been established to support our West Indianapolis neighbors with their goal in achieving a college diploma.

You are eligible to apply for a \$1,000 annual, renewable Lilly Technology Center Scholarship if:

- you have been accepted at, or are currently attending an accredited two-or-four-year college, university, or vocational-technical school and
- you are a resident of the West Indianapolis Community, bounded by White River (East), Washington Street (North), Raymond Street (South), and Tibbs Street (West) and
- you will be a full-time (12 credit hours minimum) student.

If you meet eligibility requirements, please complete this application and return it to the following address:

Lilly Technology Center Scholarship  
c/o Mary Jo Sashegyi  
Lilly Corporate Center  
Community Relations Department, IC820  
Indianapolis, Indiana 46285

A parent with whom the student lives should complete the financial section on page 3. Page 4 references the requirement of a Letter of Recommendation. It would be appropriate to have either a high school teacher or college counselor provide this recommendation. You must provide all requested information as incomplete applications cannot be processed. All information will be kept confidential.

Scholarship awards are granted on the basis of academic achievement, honors, financial need, work experience, participation in school and community activities, education and career goals, and a Letter of Recommendation. Awards are granted without regard to race, creed and color.

If you are selected to receive a scholarship, you will be notified by May 31, and an award check will be sent to your chosen school just prior to the beginning of the academic year.

You may reapply for a scholarship a maximum of four years during your undergraduate study. You **MUST** reapply each year prior to the new academic year. Applications may be requested at the above address.

All applications must be received by Eli Lilly and Company **no later than April 15**. Otherwise, a scholarship will not be granted for the next academic year. You may call 1-317-433-3800 if you have questions about the scholarship program or application process.

Eli Lilly and Company, a world leader in the pharmaceutical industry, is a global research-based corporation headquartered in Indianapolis. Our vision and purpose are driven by people – the millions of people throughout the world who look to us for healing and hope, and our employees who fuel our commitment to the advance of health care and medical science.

The Lilly Technology Center (LTC), located at 1555 South Harding Street, is one of several Lilly sites world-wide. The facilities at this campus consist of pharmaceutical research and development, U.S. sales and marketing and manufacturing operations.

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*(Please type or print legibly)*

SECTION I General Applicant Information (to be completed by the student)			
Social Security Number	e-mail address		
Name (Mr./Ms.)	First	MI	Last
Permanent Address			
City	County	State	Zip Code
Birth Date	Mo	Day	Yr
Telephone Number		( )	

College, University or Vocational -Technical School Data			
Name of school for which applicant's scholarship is requested			Internal Use Only
Street Address	City	State	Zip Code
Year for which scholarship is requested			
Undergraduate    ___ 1    ___ 2    ___ 3    ___ 4    ___ 5			
Applicant will live			
___ on campus    ___ off campus			
Anticipated graduation date from college		MO	YR
Applicant's intended course of study			
Applicant's anticipated occupation			

Work History – Describe your work experience during the past four years, including dates of employment for each job.			
Position	From (MO/YR) – To (MO/YR)	Responsibilities	Internal Use Only

School & Community Activities – List all school activities in which you have participated during the past four years. List all community activities in which you have participated without pay during the past four years. Indicate all awards and honors. (Attach additional page if needed.)				
Activity	# of Years	Awards/Honors	Position Held	Internal Use Only

High School Data			
High School		Graduation Date MO YR	
Street Address		City	State Zip Code
Telephone Number ( )	Counselor	Principal	

Career Goals – Make a statement of your plans as they relate to your educational and career objectives.

Personal Information – Report any unusual family or personal circumstances, hardships, or obstacles that have had an impact on your school and community activities, work experience, or educational achievements.

Other Awards – List below the name and amount of any grants or scholarships you have been awarded for the coming academic year.			
Name of Award	Amount (\$)	Date Granted	Check if Pending

<b>SECTION II – Parent/Guardian Data (parent or legal guardian must complete)</b>			
<b>Social Security Number</b>			
<b>Name of parent/guardian</b>	<b>First</b>	<b>MI</b>	<b>Last</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Telephone Number ( )</b>	<b>Work Telephone Number ( )</b>	<b>Relationship to Applicant</b>	
<b>Job Title</b>	<b>Department, Division or Subsidiary</b>		
<b>Employer</b>			
<b>Employer's Address (Street, City, State, Zip Code)</b>			<b>Years of Service</b>

<b>Financial Information – (This information is required from whomever the applicant lives.) Income and tax figures are from the 1040 federal tax return. You may estimate your information if you have not yet filed your tax return.</b>	
<b>1. Your state of legal residence</b>	
<b>2. Number of family members who currently get more than half of their support from you, including yourself and your spouse</b>	
<b>3. Number of family members currently enrolled in college at least half time</b>	
<b>4. The following U.S. Income tax figures are from (Check one box only)</b>  <input type="checkbox"/> attach a completed IRS Form 1040, 1040A, or 1040EZ for the most recent year, _____. <input type="checkbox"/> a U.S. Income tax return was not required due to family income.	
<b>5. Adjusted Gross Income (From IRS Form 1040-line 31, 1040A-line 16, or 1040EZ-line 3)</b>	<b>\$</b>
<b>6a. Parent/guardian income earned from work (including retirement income)</b>	<b>\$</b>
<b>6b. Parent/guardian income earned from work (including retirement income)</b>	<b>\$</b>
<b>7. Federal income tax paid (tax filers only)</b>	<b>\$</b>
<b>8. Untaxed income and benefits (includes Social Security, AFDC, ADC)</b>	<b>\$</b>
<b>9. Liquid Assets: Cash, savings, checking balance, stocks, bonds, mutual funds, etc. (Do not include IRAs, 401Ks, etc.)</b>	<b>\$</b>
<b>10. In submitting this application, I certify that the information I provided is complete and accurate to the best of my knowledge. I understand that reporting false information on this form will result in termination of any award granted. If requested I agree to provide proof of the information that I have provided on this form.</b>	
<b>Parent/Guardian Signature Required</b>	<b>Date</b>

<b>SECTION III - Student Signature</b>	
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. If chosen as a recipient of this scholarship I agree to the use of my name and likeness for recognition purposes.	
<b>Applicant's Signature</b>	<b>Date</b>

SECTION IV – Transcript Data (School official must complete)					
High School Ranking: Applicant ranks _____ in a class of _____					
Cumulative high school grade point average (4.0 scale) _____					
PSAT Verbal		Math		SAT Verbal	
				Math	
				ACT Composite	
				English	
				Math	
School Official Signature					
Date		Title		Telephone Number (    )	
School			Address		
City			State		Zip Code

**Letter of Recommendation**

Each applicant must include a Letter of Recommendation from either a high school or college counselor or teacher who can objectively address the following:

- The appropriateness of the applicant's choice of a post secondary education program
- Whether or not the applicant's achievements adequately reflect his/her abilities
- Describe the applicant's potential to be successful in his/her chosen program
- Rate the quality of the applicant's commitment to school and community
- Description of your relationship with applicant

This letter should be included when the application is returned to the Lilly Technology Center.

**Return completed application to:**

Lilly Technology Center Scholarship  
 c/o Mary Jo Sashegyi  
 Community Relations Department, IC820  
 Lilly Corporate Center  
 Indianapolis, IN 46285

<b>Internal Use Only</b>
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# Scholarship Application Checklist And LTC Boundary Map

Please make sure that you have included the following items listed below before returning the scholarship application, and check off each item required before sending:

Application Checklist:

- Student Application
- High School transcript of grades
- Letter of Recommendation
- Copy of 1040 Tax form
- Copy of college acceptance letter or college transcript
- Check map on next page to make sure you are a resident of the West Indianapolis Community, bounded by the White River (East), Washington Street (North), Raymond Street (South) and Tibbs Street (West)

You must provide all requested information as incomplete applications cannot be processed. A scholarship becomes complete and valid only when the applicant has returned all material, and the scholarship has been filled out in its entirety. All information will be kept confidential.

## Lilly Technology Center Scholarship Boundaries

