



Scholarship Brochure

Post Secondary

Information and Applications

Program Officer

13 East George Street, Suite B

Batesville, IN 47006

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877-234-5220

www.rccfonline.org

Instructions for Applying for Ripley County Community Foundation Scholarships

The number of scholarships and the amount of most scholarships are based on each scholarship fund's annual rate of return from the previous year. The value of each scholarship will be determined in March of each year. Some scholarships may not be available in those years in which that scholarship fund's yearly rate of return does not support a distribution.

Read the Instructions carefully

1. Determine which scholarship application to complete. The Ripley County Community Foundation Scholarship Application is required for most scholarships. The application to be completed for each scholarship is named in the scholarship details and/or criteria section on each scholarship's description page.
2. Answer all questions contained on the [Scholarship Application](#).
3. Type your application(s).
Applications must be typed and will not be considered unless typed.
A writeable application is available online at www.rccfonline.org
4. Include a copy of the following with EACH scholarship application you submit. (If applying for more than one scholarship, you must submit an application and the following for EACH scholarship.)
 - Cover page- (You must check the name of the scholarship to which the application and attachments correlate.)
 - Transcript.
 - Essay explaining your choice of major, your future plans and how scholarship would benefit you.
 - Community project essay.
 - Activities Chart.
 - Provide a senior portrait photo of self-please email digital photo to office@rccfonline.org with "photo for scholarship" in subject line.
 - Provide a signed Photo Release Form.
5. Attach any and all additional information and documentation required by the terms of the specific scholarship for which you are applying, if any. Examples of additional information are Letters of Recommendation and Applicant Appraisal.
6. Submit a hard copy of your application(s) to the Ripley County Community Foundation, 13 East George Street, Suite B, Batesville, IN 47006 on or before the due date.
7. Most scholarship applications are due no later than **4:00 p.m. on March 1st**. If a scholarship has a due date later than March 1st, the alternate due date will be stated in the details and/or criteria section of that scholarship's description page.

Incomplete Scholarship Applications will NOT be considered.

Due to IRS regulations, no family member(s) or scholarship committee member(s) of the selection committee of the respective scholarships may apply for their own scholarships.

Cover Page

Include a copy of this cover page with the application for each scholarship. Please indicate on the cover page which scholarship you are applying for. If applying for two or more scholarships, you must make additional copies of the application & a cover page for each.

<input type="checkbox"/> Arney (Melody G.) Memorial.....	4
<input type="checkbox"/> Bartling (Sylvester J. “Bess”) Memorial.....	5
<input type="checkbox"/> Brelage (Doris A.) Nursing.....	6
<input type="checkbox"/> Corinne’s Believers Memorial.....	10
<input type="checkbox"/> Gutzwiller (Matt) Memorial.....	12
<input type="checkbox"/> Moorman (John) Memorial.....	13
<input type="checkbox"/> Rural Alliance for the Arts.....	14
<input type="checkbox"/> Shotwell (Joe) Memorial.....	15
<input type="checkbox"/> Tyson Memorial.....	16
<input type="checkbox"/> Van Hook (Daryl Lea) Memorial.....	21
<input type="checkbox"/> Vestal (Clara Bell) Scholarship.....	22

The Corinne's Believers Memorial Scholarship



Corinne Lamping was trained at Aveda Fredric's Institute, Indianapolis in 2010. With her desire and dedication to learn more about the ongoing art of hair, she had attended the Chicago Hair Show and additional Aveda color and styling classes. Corinne had no problem expressing her love and talent for hair by satisfying every guest. She was not only skilled in hair, but also was certified in nail care as well. She specialized in all natural nail services, cut and color services as well as waxing.

Corinne brought an enjoyable experience during all her services to make her guest's day!

“We have established this scholarship in honor of Corinne in an effort to help some young lady or gentleman achieve their lifetime dream of becoming a hair stylist. We miss Corinne dearly. Please continue to keep our family in your prayers.”

May God Bless you! Love Janice, Roger, Leann, Corey and Cooper (Corinne's dog) Lamping.

Scholarship Details

- Provide financial support for an Indiana student attending the Aveda Fredric's Institute in Indianapolis. Preference will be given to Ripley County residents who satisfy the criteria and if there is no such applicant second preference will be to a Southeast Indiana resident.
- The value of the scholarships each year will depend on the value of the distribution of the endowment fund.
- Indiana students who have graduated from high school and been accepted to and planning to attend Aveda Fredric's Institute (Indianapolis-317-578-5500) may apply directly to Aveda's Financial Aid Office, 6020 82nd Street, Indianapolis, IN 46250.
- The Advisory Scholarship Committee shall be composed of a representative of the Lamping family, a community member, and a cosmetologist from Guys and Gals Quarters in Batesville, Indiana; and will make a recommendation to the Ripley County Community Foundation Scholarship Committee regarding proposed scholarship recipients.

Criteria

The applicant must:

- Complete the Aveda entrance application and indicate that you are interested in the Corinne's Believers Scholarship; AND
- Provide written notice to the Ripley County Community Foundation of your interest in this scholarship; AND
- Have a minimum GPA of 3.0 on a 4.0 scale; AND
- Provide a letter of recommendation from a non-family member detailing the applicant's character and work ethic.

Submit your written notice of interest in this scholarship

by **June 1st** to

Ripley County Community Foundation

**The Corinne's Believers Memorial Scholarship
Intention to Apply**

Writable Intention to Apply under Scholarships on www.rccfonline.org

Complete the form below if you plan to apply to Aveda and you are interested in the Corinne's Believers Scholarship.

Name: _____

High School you will graduate from in spring: _____

Approximate date of enrollment in Aveda Institute: _____

Phone number where you can be contacted: _____

Email where you can be contacted: _____



Connecting People Who Care with Causes that Matter

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I (or on behalf of the minor named below) hereby grant to Ripley County Community Foundation, Inc., and its subsidiaries, its employees, officers, representatives and assigns, the absolute right and permission to copyright, use, re-use, publish, re-publish, and illustrate from portraits or photographic pictures of me (or of the minor or in which the minor may be included), in whole or in part, or composite or distorted in character or form without restriction as to changes or alterations from time to time, in conjunction with mine (or the minor's) own or fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I (or the minor) may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge Ripley County Community Foundation, Inc., its employees, officers, representatives or assigns, and all persons acting under their permission or authority or those for whom Ripley County Community Foundation, Inc. is acting, from any liability, including without limitation any claims for libel, invasion of privacy or the unintentional infliction of emotional distress.

I hereby acknowledge that since my participation with the Ripley County Community Foundation, Inc. is voluntary, I will receive no financial consideration.

I hereby warrant that I am of legal age, or if under 18 years of age that I am legal guardian for or the natural parent of the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me, my minor child and our heirs, legal representatives and assigns.

Date: _____

Signature of Participant

Printed Name

Signature of Guardian

Printed Name of Guardian