



# 2019 Senator Richard G. Lugar Scholarship Nomination Form

## For Office Use Only

Region # \_\_\_\_\_

Log # \_\_\_\_\_

DTRCD \_\_\_\_\_

PMDT \_\_\_\_\_

Class \_\_\_\_\_

### Student's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  M  F Race:  African American  Hispanic  Native American

SAT Score: \_\_\_\_\_ (Minimum Combined Score for Math & Reading = 1,000 points)  
(Math & Reading)

Critical Reading \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

Math \_\_\_\_\_ Scale \_\_\_\_\_ Graduation Size \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ (Minimum 22) Graduation Date \_\_\_\_\_

Names of Colleges/Universities To Which Student Has Applied \_\_\_\_\_ Accepted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of High School \_\_\_\_\_ School County \_\_\_\_\_

School Address \_\_\_\_\_

School District \_\_\_\_\_

Name of Counselor \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Principal \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Attach A Brief Letter Of Recommendation From Either Principal Or Counselor  
Nomination must be postmarked no later than December 21, 2018.**

## Attached To This Form Must Be The Following:

1. A copy of latest transcript
2. Letter of recommendation from the principal or counselor.
3. Student's personal resume.
4. Typewritten ONE PAGE student essay titled "Why I Should Be Selected As A Lugar Scholar."

### Please Note!

Failure to attach any of these items will cause the nomination to be ineligible for consideration.

Lugar Scholars will be notified of their selection in early March.

### This Section To Be Filled Out By Student

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Authorization Release In Accordance With The Privacy Act Of 1974

This is to authorize the Fund for Hoosier Excellence to obtain any records pertinent to the awarding of scholarship funds. The student represents that all information provided in this nomination is complete, accurate and true. The student agrees to comply with and be bound by the decisions of the board of directors and its committees in selecting scholarship recipients and, if selected, to meet the standards and conditions established for Lugar Scholars.

- Yes I authorize the Fund for Hoosier Excellence to give identifying information to  
 No potential employers and scholarship providers.

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

Signature \_\_\_\_\_

Signature(s) of Parent(s) \_\_\_\_\_

or Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_

***Nomination must be postmarked no later than December 21, 2018.***

Mail to: The Fund for Hoosier Excellence, Inc.  
Post Office Box 97  
Indianapolis, IN 46206

**FUND FOR**  
**HOOSIER EXCELLENCE, INC.**  
*Senator Richard G. Lugar Scholarships*  
**PERSONAL RESUME**

**APPLICANT'S NAME**

**ACADEMIC ACHIEVEMENTS**

Include any scholastic awards


**EXTRACURRICULAR EXCELLENCE**

Class Officer	Year
Office	Year

Student Council	Year
Office	Year

Organization	Office	Year
Group	Office	Year

**ATHLETIC LEADERSHIP**

Team	Position Held	Year

**COMMUNITY SERVICE**

Group	Position Held	Year

**WORK EXPERIENCE**

Company	Position Held	Year

**OTHER BIOGRAPHICAL COMMENTS**
