



Independent COLLEGES OF INDIANA

Lilly Endowment Community Scholarship Program (LECSP) Study Abroad or Off-Campus Program Eligibility Review

Please submit this form to Independent Colleges of Indiana prior to committing to a study abroad or off-campus program. The Lilly Endowment Community Scholarship will cover tuition and eligible campus fees billed through your university/college up to the amount it would cover if you stayed on campus, if this program is approved. **The scholarship will not cover travel expenses, food, lodging, program fees, and other expenses not previously approved.**

Scholar's Name: _____

LECSP Cohort Year: _____ Phone Number: _____

Student's Email (notification will be sent here): _____

LECSP County/Community Foundation: _____

College/University: _____

Program Name: _____

Program Point of Contact (study abroad or financial aid staff person): _____

Point of Contact email and phone number: _____

Program dates (ex: January-June, 20--): _____ Anticipated Credits: _____

Anticipated Costs (tuition and eligible fees only): _____

Please read and initial each statement to show agreement

- ___ Program travel is approved by the college/university during the semester indicated.
- ___ This off-campus program is approved by the college/university.
- ___ The scholarship will cover tuition up to the amount that would have been charged on campus.
- ___ Tuition is billed by and paid to the home university; not a third-party.
- ___ The student will maintain full-time enrollment during this semester.
- ___ Credits will automatically transfer to the student's academic records upon program completion.
- ___ The scholarship will not cover travel expenses, food, lodging, program fees and other unapproved expenses.

Student's Signature: _____

Date: _____

ICI will notify you and your community foundation by email if this request is approved.

Return to: kgoodrich@icindiana.org

Questions: (317) 684-4297 or kgoodrich@icindiana.org.