

**Lilly Endowment Community Scholarship Program (LECSP)  
Study-Abroad Program Eligibility Review**

**PLEASE FOLLOW THE STUDY ABROAD POLICIES OF YOUR COLLEGE OR  
UNIVERSITY IN LIGHT OF THE COVID-19 PANDEMIC**

**Please submit this form and detailed estimated program costs to Independent Colleges of Indiana prior to signing any contracts or paying required deposits for participation in a study-abroad program.** If this program is approved, your 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 stay on campus. **The scholarship program cannot be used for travel, travel insurance, food, lodging, program fees, and other expenses not previously approved.** ICI will notify you by email if the scholarship can be applied to the program you've identified below.

Scholar's Name \_\_\_\_\_

LECSP Cohort Year \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Student's Email (notification will be sent here) \_\_\_\_\_

LECSP County/Community Foundation \_\_\_\_\_

College/University \_\_\_\_\_

Name of Off-Campus Program \_\_\_\_\_

Dates of Study-Abroad Program (example January-June, 20--) \_\_\_\_\_ Anticipated Credits \_\_\_\_\_

**To be completed by campus representative. Place a check by each statement to show agreement.**

- \_\_\_ Study abroad travel is approved by the college/university during the semester indicated.
- \_\_\_ This study-abroad program is approved by the college/university.
- \_\_\_ The home college/university will bill the student for **tuition equal to the amount that would have been charged on campus. The charge will be listed as "tuition."**
- \_\_\_ The student will maintain full-time enrollment status during this time.
- \_\_\_ Credits will automatically transfer to the student's academic records upon program completion.
- \_\_\_ The student understands that the Lilly Endowment Community Scholarship will not cover travel, travel insurance, food, lodging, program fees and other non-approved expenses.

**This form requires the signature of a campus program representative and the Lilly Scholar indicating the accuracy of the information provided.**

Campus Representative's Printed Name \_\_\_\_\_

Campus Representative's Signature \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Return to: [mary@icindiana.org](mailto:mary@icindiana.org) or Lilly Endowment Community Scholarship Program  
Independent Colleges of Indiana, Inc., 30 S. Meridian Street, Suite 800, Indianapolis, Indiana 46204**

Questions: Mary Dickerson, Director of Programs, LECSP, at (317) 684-4297 or [mary@icindiana.org](mailto:mary@icindiana.org).