

Who is eligible?

Applicants must be a dependent child of an active, retired, or deceased Vectren or active wholly owned subsidiary employee who has completed a minimum of six months of employment with the company as of the application deadline. (A dependent child is defined as a natural child, legally adopted child, stepchild, or legal ward of the employee.)

Children of Vectren or subsidiary officers will not be eligible to participate in this program.

Applicants must be high school seniors or graduates who plan to enroll or students who are already enrolled in full-time study at an accredited two- or four-year college, university, graduate school, or vocational-technical school for the entire academic year.

How are scholarship award recipients selected?

The criteria used to award the scholarships include:

- Academic performance;
- Outside interests and activities, including work experience and leadership roles;
- Applicant's statement of education and career aspirations and goals;
- Personal accomplishments;
- An outside appraisal of the student by a high school or college counselor or instructor;
- Letter of recommendation; and
- Financial need as calculated by Scholarship Management Services (for need-based awards).

We encourage all eligible children of our employees to complete a Vectren Scholarship application. Our goal is that the scholarship awards will reflect the diversity of Vectren's employees, our multiple geographic locations and our various job classifications.

Who will administer the program?

Scholarship Management Services is responsible for evaluating all applications and making finalist recommendations to the Vectren Scholarship Committee, whose members are appointed by Vectren. Committee members determine the ten scholarship recipients. All applications will be completely confidential and will be reviewed only by Scholarship Management Services and the appointed Vectren Selection Committee.

What awards will be given?

Ten scholarships of \$2,500 each will be awarded annually. Eight scholarships of \$2,500 each will be based on merit only. At least two awards will be need-based awards. The scholarship money may be used for tuition, fees, and books. Scholarships are not renewable. Applicants may receive an award only once.

What is the application process?

Application forms may be obtained from Human Resources beginning December 19. The completed application and other information must be submitted directly to Scholarship Management Services with a postmark of no later than **February 18**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. The scholarship award recipients will be announced in April.

How are the awards paid?

Awards made on behalf of the Vectren Scholarship Program are issued by Scholarship Management Services in two equal installments on August 15 and December 30 of the year in which the award is granted. Checks are mailed to the recipient's home address and made payable to the school for the student.

What is Scholarship Management Services?

Scholarship Management Services, a division of Scholarship America, is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals.

For complete scholarship program policy, see *Work Smart, Policy and Benefits Guide, Scholarship Program*.

For more information contact Ann Wilson at 812.491.4031 or awilson@vectren.com.



Established to encourage and support the children of our employees in the pursuit of excellence through education.



VECTREN SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 18

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address _____ Social Security Number _____
 Please indicate your status. (For statistical purposes only) Male Female
 American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

EMPLOYEE PARENT/ GUARDIAN INFORMATION (REQUIRED)

Last Name _____ First _____ Middle Initial _____
 Social Security Number _____ Work Phone (_____) _____
 Email Address _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
- Letter of Recommendation

All materials, including transcript, must be addressed to:
Vectren Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline February 18

CERTIFICATION

Vectren Corporation and Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
 Employee's Signature _____ Date _____

EMPLOYEE PARENT/GUARDIAN INFORMATION (REQUIRED)

Active Employee is (*Required Information*) Union Salaried-Exempt Salaried - Nonexempt

Work Location _____

Department _____ City _____ State _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Phone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list first preference from the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school **next** year: 1 2 3 4 5 or Graduate Study

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

PERSONAL ACCOMPLISHMENTS

Please describe the three accomplishments in your life of which you are most proud.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Phone (_____) _____
 Signature _____ Organization _____ Date _____

LETTER OF RECOMMENDATION (REQUIRED)

A letter of recommendation is also required attesting to the character of the applicant (personal, academic and/or work references). The letter of recommendation should be from an adult who knows you well but is not related to you.

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____ Title _____ Phone (_____) _____
 School Official's Address: Street _____ City _____ State _____ ZIP Code _____

PARENTS' FINANCIAL DATA

The Vectren employee must complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **If this section is not completely filled out, the student will not be considered for a need-based award.**

(Complete only for need-based scholarship.)


- | | | | |
|---|----------|--|--|
| 1. State of Residence | _____ | 6. Medical and Dental Expenses not paid by insurance (exclude premiums) | \$ _____ |
| 2. Adjusted Gross Income (FORM 1040) | \$ _____ | 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ | _____ |
| 3. Total Federal Tax Paid (FORM 1040) | \$ _____ | (Not the amount withheld from paychecks) | |
| 4. Total Income of Father | \$ _____ | 8. Total number of family members living in the household and primarily supported by the reported income ...# | _____ |
| Total Income of Mother | \$ _____ | 9. Marital status of employee parent or guardian: | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single |
| 5. Yearly Untaxed Income and Benefits: Please indicate source – | | 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# | _____ |
| <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support | | | |
| <input type="checkbox"/> Other | \$ _____ | | |

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

Instructions for Completing a PDF Fill-in-the-blank Scholarship Application Form

You will need ADOBE  Reader 6.0 or greater to open, use and print this PDF fill-in-the-blank form. If you do not have this free software installed on your computer, visit <http://www.adobe.com/products/acrobat/readstep2.html>. Follow the directions to install ADOBE Reader which is a free download.

There are two options to complete the fill-in-the-blank application form:

1. **Use the fill-in-the-blank feature to complete the form.**
 - Save a copy of the form to your personal data storage device.
 - Type in your responses using the **Tab** key to move between fields.
 - You may save the file while in progress and return to complete or revise it later.
 - When finished, print the completed form.

OR

2. **Print the blank application and complete it using a pen or typewriter.**

Whichever option you use, applicants must print the page(s) of the application containing the Applicant Appraisal and Transcript Information sections and submit to the appropriate individuals for completion (if applicable). These sections cannot be completed electronically.

Mail the completed application form (including the completed Appraisal and Transcript sections, if applicable, and any other required documents) to Scholarship Management Services by the program's application postmark deadline. The mailing address is on the application form.

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program **and** from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.