

HELEN RAIDER MEMORIAL TRUST

Vic Raider established the Helen Raider Memorial Trust in memory of his wife. The purpose of the trust is to provide scholarships for graduates of high schools located in Des Moines County, Iowa who plan to go on to college or a vocational program. The Selection Committee will consider applicants for scholarships of not less than \$1,000.

PERSONAL DATA:

Name: _____

Home Address: _____ Zip _____

Phone No.: _____ Date of Birth: _____

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Number of dependent children listed on income tax return: _____

Number of dependent children attending college next year (including self): _____

Parents' approximate yearly income: \$ _____

SCHOOL DATA:

High School: _____

Number in graduating class: _____ Rank in class (end of mid-senior year): _____

Grade point average (end of mid-senior year): _____ ACT composite score: _____

SCHOOL ACTIVITIES: (organizations, athletics, dramatics, music, etc.) Name each activity, how many years you participated, and any offices held.

COMMUNITY ACTIVITIES: (other than school activities), volunteer services, Scouts, church, etc. List positions of leadership, if any.

WORK: If you currently work part-time, what do you do and where?

Your approximate yearly income: \$ _____

Major in college: _____ Minor in college: _____

Vocational goal: _____

College you plan to attend: _____

What do you anticipate your costs to be for college? _____

How much of your college costs will you be able to pay? _____

How much will your parents contribute? _____

IN NOT MORE THAN 100 WORDS, EXPLAIN WHY YOU WANT TO GO INTO THE FIELD OF TRAINING AND STUDY IN THE AREA YOU HAVE SELECTED AND HOW YOU WOULD BENEFIT FROM RECEIVING A SCHOLARSHIP.

1. To be considered, you must complete all items.
2. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
3. If I am awarded this scholarship and do not complete the first semester of study at the prescribed college, I agree to refund the scholarship money. (Extenuating circumstances may be reviewed by the Committee.)
4. Permission is granted for a press release if I am a recipient.

Signature of applicant: _____

Signature of parent or guardian: _____

THIS FORM MUST BE RETURNED NO LATER THAN MARCH 15, TO:

TWO RIVERS BANK & TRUST
ATTENTION: TWO RIVERS INVESTMENT SERVICES.
P. O. BOX 728
BURLINGTON, IOWA 52601