

MARVIN AND HILDA ROBBINS SCHOLARSHIP

SUBMIT HARD COPY OF APPLICATION BY JUNE 20, 2010 TO:

Two Rivers Bank & Trust
Attn: Investment Services
P. O. Box 728
Burlington, IA 52601
Ph. 319-753-9132 www.tworiversbank.com/SEI/

For scholastic year 2010 / 2011

Name _____

Date of Birth _____

Address _____

Phone _____ E-Mail _____

E-mail _____

High School
Diploma from _____ Year _____

Located in: _____

(City, County, State)

Undergraduate Degree from _____

I will be enrolled in the graduate program at:

University Name _____

Address _____

Graduate degree pursued (e.g., Masters) _____

Field of Study(e.g., Business Admin.) _____

Total years to complete program _____

Number of years completed _____

Program is accredited by _____

Total annual cost for tuition \$ _____, fees \$ _____, and books \$ _____

How much of your college costs can you pay from other grants, work earnings, college savings programs and other non-loan sources?
\$ _____

What amount of student loans will you use to pay costs? \$ _____

What is your current student loan(s) balance? \$ _____

Amount your parents will contribute? \$ _____

Do you work? _____

If so, where? _____

Approximate Monthly Gross Income \$ _____

Marital status Single Married

Do you have dependent children? Yes No If yes, number _____

ATTACH A SINGLE, TYPED PAGE EXPLAINING HOW YOU WOULD BENEFIT FROM RECEIVING THE ROBBINS SCHOLARSHIP, AND ALSO STATE ANY OTHER INFORMATION YOU WOULD LIKE THE SELECTION COMMITTEE TO CONSIDER.

By signing this application the undersigned agrees to the following conditions:

1. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
2. My school is authorized to release a transcript of my grades to the trustee, Two Rivers Bank & Trust, Burlington, IA, and the scholarship selection committee; and if awarded the scholarship, I agree to sign, in advance of any funds being distributed, the release required by the school.
3. If I am awarded a 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 that publicizes that I have received the scholarship.
5. If I am a recipient, I will abide by the general rules of the selection committee applicable to all scholarship award recipients, e.g. providing a transcript of grades at semester end.

Signature of applicant _____

Date _____