

Please review scholarship guidelines before completing.

Dr. Robert D. Rowley Memorial Scholarship

Please return application by April 30, 2010 to
Two Rivers Bank & Trust
Two Rivers Investment Services, ATTN: John Walz
P.O. Box 728
Burlington, IA 52601
Phone 319-753-9136; e-mail jwalz@tworiversbank.com

Name: _____
(last) (first) (middle)

Address: _____
(street) (city/st/zip)

Birth Date: _____ Place of Birth: _____

Phone _____ E-mail _____

Yes No I attended high school in one of the following Iowa counties:
Des Moines, Lee, Henry or Louisa (CIRCLE COUNTY)

Yes No My primary residence is in one of the following Iowa counties:
Des Moines, Lee, Henry or Louisa (CIRCLE COUNTY)

I will attend one of the following colleges or universities:

- Southeastern (Iowa) Community College
- Iowa Wesleyan College
- University of Iowa

Yes No The classroom credits I earn during the next school term will count towards the degree or certificate requirements in my healthcare field (preparatory work does not qualify, e.g., study for pre-med undergrad degree does not qualify).

Educational Objective (healthcare field; degree or certificate, e.g., Nursing, BSN Degree)

Healthcare Field	Degree or Certificate
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Total years it takes to complete degree requirements _____
Number of years you have completed so far _____

PLEASE ATTACH a transcript of grades for most recent term of post-secondary schooling or, if none completed, a high school transcript, if available.

Financial Information:

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

Of the above costs, how much will be furnished by other sources (scholarships, grants, college savings (529 plans) accounts, etc.? _____

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

What is your current student loan balance? \$ _____

If claimed as a dependent on parents U.S. tax return, please provide the following:

Parents Adjusted Gross Income on U.S. tax return \$ _____

Number of other dependent children _____

Number of dependent children in college (self included) _____

FAFSA Information: What is your expected family contribution? \$ _____

If not claimed as a dependent by parents, please provide the following:

Your Adjusted Gross Income on most recent tax return \$ _____

Place of Employment _____

Average number of hours worked per week _____

IMPORTANT

ATTACH A SINGLE, TYPED PAGE EXPLAINING HOW YOU WOULD BENEFIT FROM RECEIVING THE ROWLEY 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 _____