

STERZING MEMORIAL SCHOLARSHIP

PLEASE RETURN COMPLETED APPLICATION BY MARCH 15 TO:

Two Rivers Bank & Trust
Attn: Two Rivers Investment Services
P. O. Box 728
Burlington, IA 52601

For school year 2010/2011

Name: _____
Last First Middle

Address: _____

Date of Birth: _____ Phone: _____

I have been accepted and I plan to enroll at **(please indicated which college):**

- at University of Iowa
- at Southeastern Community College

Major in College _____ Vocational Goal _____

ACT Composite Score _____ College Bound %tile _____

Cum. Grade Point Avg. (Mid-Sr. Yr.) _____ Rank in Class _____ / _____

Names of Parents _____

Father's Place of Employment _____

Mother's Place of Employment _____

Parents' Adjusted Gross Income on IRS Tax Return \$ _____

Other Sources of Income \$ _____
(ie: Child Support, Social Security, Retirement, Exempt Interest Income, etc.)

Number of Dependent Children Listed on Income Tax Return _____

Number of Dependent Children in college next year (including yourself) _____

Where do you work? _____ Approx. Weekly Income \$ _____

School Activities: (organizations, athletics, dramatics, music, etc.) Name each activity, how many years you participated, and any offices held. (Attach additional pages, if needed)

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

Total annual cost for tuition, fees and books. _____

How much of your college costs will you be able to pay (include other grants, college savings plans, work earnings)?

_____ How much will your parents contribute? _____

If available, what is your FAFSA Expected Family Contribution (EFC)? _____

Attach a letter from a member of your school's faculty as a reference with respect to your character, work habits, and scholarship. Enter below the faculty member's name and a phone number at which he/she is most accessible.

Name _____ Phone No. _____

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

1. Failure to provide all requested information may cause the application to be disregarded by the selection committee.
2. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
3. My school is authorized to release a transcript of my grades to the trustee and the scholarship selection committee.
4. 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.)
5. Permission is granted for a press release if I am a recipient.

Signature of applicant _____

Signature of parent/guardian _____

Date _____