

PLEASE RETURN COMPLETED APPLICATION BY MARCH 15 TO:

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

**WESLEY H. AND BARBARA DUER SWILER MEMORIAL  
SCHOLARSHIP FOR SCHOOL YEAR 2010 - 2011**

Please attach a picture  
here before returning  
completed application.

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

I have been accepted  I plan to enroll

at \_\_\_\_\_

MAJOR IN COLLEGE \_\_\_\_\_ VOCATIONAL GOAL \_\_\_\_\_

ACT COMPOSITE SCORE \_\_\_\_\_ COLLEGE BOUND %ile \_\_\_\_\_

CUM. GRADE POINT AVER. (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 SELF \_\_\_\_\_

WHERE DO YOU WORK? \_\_\_\_\_

APPROXIMATE WEEKLY INCOME \$ \_\_\_\_\_

SCHOOL ACTIVITIES (organizations, athletics, dramatics, music, etc.) Name each activity, how many years you participated, and any offices held. Attach additional page(s), as needed.

---

---

---

COMMUNITY ACTIVITIES (other than school activities) volunteer services, Scouts, church, etc. List positions of leadership, if any. Attach additional page(s), as necessary.

---

---

---

Total annual cost for tuition, fees and books (do not include room and board). \_\_\_\_\_

How much of your college costs will you be able to pay? \_\_\_\_\_  
(Include other grants, college savings programs, work earnings.)

How much will your parents contribute? \_\_\_\_\_

If available, what is your FAFSA Expected Family Contribution \$ \_\_\_\_\_

Attach letters from two members of your school's faculty as references with respect to your character, work habits, and scholarship. Enter below the name of each and a phone number at which each is most accessible.

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Phone No. \_\_\_\_\_

IN MY OWN WORDS. IN A SINGLE, TYPED PAGE THAT YOU ATTACH TO THE APPLICATION, EXPLAIN WHY YOU SHOULD RECEIVE THE SCHOLARSHIP AWARD.

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 \_\_\_\_\_