

PLEASE RETURN COMPLETED APPLICATION BY March 15, 2010 TO:

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

LOIS PORTERFIELD TROVILLO MEMORIAL SCHOLARSHIP

The Lois Porterfield Trovillo Burlington Memorial Scholarship Fund accepts scholarship applications from students who meet the following criteria:

The recipient must (1) attend Dominican University in River Forest, Illinois (formerly Rosary College) or Edgewood College in Madison, Wisconsin; and be (2) a girl who has graduated from Burlington Community High School; (3) of past and present Protestant religious faith; (4) deserving and outstanding in the judgment of the Trustees; and (5) a girl whose financial condition will not permit her to otherwise obtain a college education.

Please attach a picture here before returning completed application.

DATE \_\_\_\_\_

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

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

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

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

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

GRADE POINT AVER. (Mid-Sr. Yr.) \_\_\_\_\_ (Please attach a transcript).

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach three letters of reference, at least two from members of your school's faculty, 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. \_\_\_\_\_

3. \_\_\_\_\_ Phone No. \_\_\_\_\_

IN NOT MORE THAN 100 WORDS, EXPLAIN HOW YOU WOULD BENEFIT FROM RECEIVING THE TROVILLO MEMORIAL 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. 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 \_\_\_\_\_