STUDENT NAME

Last

First

Middle

HIGH SCHOOL

COLLEGE

Please complete this checklist so that this application for the William T. King Scholarship can be processed in a timely manner. **Do not turn in the application unless all documents are attached and the checklist is complete.**

1.

All pages complete with information requested Student signature on Page 2 Parents signature on Pages 2 and 3

2.

3.

4.

Counselor signature on Page 6

5.

Attached Transcript of Grades or complete Page 6

6.

Postmarked by June 1, 2014

7.

Current year tax return attached for parent and student Previous year tax return attached for parent and student Parents Financial data complete on Page 3

Student Financial data complete on Page 4

Financial need worksheet complete on Page 5 Counselor / school reference complete

8.

9.

10.

11.

12.

By completing this checklist, I verify that all the requested information is attached and correctly presented. I further understand that if any information is missing, this application will not be accepted by the Trustees of this Scholarship.

Signed:

Counselors Signature

□

Dated:

**WILLIAM TOBIN KING SCHOLARSHIP**

**Original Application - 2017**

**WILLIAM TOBIN KING EDUCATIONAL TRUST**

**Attn: Lori Boyer**

**The Commerce Trust Company P. O. Box 1119**

**St. Joseph, MO 64502**

INSTRUCTIONS: Your counselor must return this application to the above address. Applications **MUST** be complete and postmarked by June 1, 2017. All information **MUST** be typed or printed on this application form. Limit all information on application to Grades 9 - 12 only. If you wish to include additional information regarding your high school activities, community activities / volunteer work, special recognition or honors, employment experience, or leisure time activities, interests or hobbies, please do so by attaching an appendix detailing this

information to the back of this application. **(NOTE: You may use the back of the application if you require additional space.)**

APPLICANT NAME (Last/First/Middle)

M( ) F( )

Home Address (Street/City/State/Zip)

Permanent Address (Street/City/State/Zip)

Telephone

E-Mail Address

Date of Birth (Month/Day/Year)

Social Security No.

Mother's Name

Address

Telephone ( )

Mother's Occupation

Father's Name

Address

Telephone ( )

Father's Occupation

**NAME AND ADDRESS OF HIGH SCHOOL**

Number of Children in Family

Ages

Number of Children Enrolled in College, including Applicant

Ages

If Parents Are Divorced, Which Parent Does Applicant Live With

How Many Children Live With Custodial Parent

Ages

Name of School Counselor

Name of Reference If Written by Other Than School Counselor

Name & Address of College You Plan to Attend

Course of Study or Vocation You Plan to Pursue

Are you a Member of National Honor Society (NHS) and, if applicable, how long?

**COUNSELOR'S SIGNATURE MUST APPEAR ON PAGE 6**

**NOTE: YOU MUST ATTACH IRS FORM 1040 FOR BOTH APPLICANT (IF APPLICANT FILED A RETURN) AND PARENTS FOR YEARS 2015 AND 2016 AND YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT OF**

**GRADES, INCLUDING THE SPRING SEMESTER.**

I-We further verify that the enclosed information on this application is accurate. Any irregularity or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all financial aid provided by the Trustees and the trust may seek reimbursement of funds previously distributed.

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT/GUARDIAN:

-2-

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Cell Phone ( )

**ORIGINAL APPLICATION**

WILLIAM TOBIN KING

EDUCATIONAL TRUST

**PARENTS FINANCIAL DATA**

PARENTS NAME (Last/First/Middle)

LIABILITIES

ASSETS (Fair Market Value)

Debts Owed

To

Amount

Net Worth (Subtract Liabilities from Assets)

$

I-We further verify that the enclosed information on this application is accurate. Any irregularity or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all financial aid provided by the Trustees and the trust may seek reimbursement of funds previously distributed.

**PARENTS MUST COMPLETE THIS PAGE AND SIGN**

-3-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cash-Accounts-Savings |  | $ |  | Home |  |  | $ |  |
| Value of Stock-Securities |  | $ |  | Autos-Vehicles |  |  | $ |  |
| Notes Receivable |  | $ |  | Personal Loans |  |  | $ |  |
| Home |  | $ |  | Credit Cards |  |  | $ |  |
| Land-Farm |  | $ |  | Taxes Owed |  |  | $ |  |
| Autos-Vehicles |  | $ |  | Other (Please Specify) |  | $ |  |
| Equipment |  | $ |  |  |  |  | $ |  |
| Livestock |  | $ |  |  |  |  | $ |  |
| Stored Crops |  | $ |  |  |  |  | $ |  |
| Other Assets |  |  | $ |  |  |  |  | $ |  |
| Total Assets |  | $ |  | Total Liabilities |  |  | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Parents 2015 Income |  | Parents 2016 Income |  |
| Salary |  | $ |  | $ |  |
| Bonus |  | $ |  | $ |  |
| Dividends |  | $ |  | $ |  |
| Interest |  | $ |  | $ |  |
| Rental Income (Net) |  | $ |  | $ |  |
| Other Income |  | $ |  | $ |  |
| Child Support being paid for Applicant |  | $ |  | $ |  |
| Total Adjusted Gross Income |  | $ |  | $ |  |

WILLIAM TOBIN KING

EDUCATIONAL TRUST

**APPLICANT FINANCIAL DATA**

APPLICANT NAME (Last/First/Middle)

LIABILITIES

ASSETS (Fair Market Value)

Debts Owed

To

Amount

$

$

$

$

$

$

Net Worth (Subtract Liabilities from Assets)

$

$

$

-4-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cash-Accounts-Savings |  | $ |  | Autos-Vehicles |  |  |  |  |
| Value of Stock-Securities |  |  | Personal Loans |  |  |  |
| Notes Receivable |  |  | Student Loans |  |  |  |
| Home |  | $ |  | Credit Cards |  |  | $ |  |
| Land-Farm |  | $ |  | Taxes Owed |  |  | $ |  |
| Autos-Vehicles |  | $ |  | Other (please Specify) |  | $ |  |
| Equipment |  |  |  |  |  | $ |  |
| Livestock |  | $ |  |  |  |  | $ |  |
| Stored Crops |  | $ |  |  |  |  | $ |  |
| Other Assets |  |  | $ |  |  |  |  | $ |  |
| Total Assets |  | $ |  | Total Liabilities |  |  | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Applicants 2015 Income |  | Applicants 2016 Income |  |
| Salary |  | $ |  | $ |  |
| Bonus |  | $ |  | $ |  |
| Dividends |  | $ |  | $ |  |
| Interest |  | $ |  | $ |  |
| Rental Income (Net) |  | $ |  | $ |  |
| Other Income |  | $ |  | $ |  |
| Child Support being paid for Applicant |  | $ |  | $ |  |

Total Adjusted Gross Income

**FINANCIAL NEED WORKSHEET**

Name of Your College

Your Expenses

1.

Tuition

2. Room and Meals

3. Books and Supplies

4. TOTAL Trustees will implement a cap of

$6,000.00 for Missouri Western and a cap of $10,000 for all other colleges and universities

LESS

5. Parental Contribution

6. Other Aid, Grants or

Scholarships Awarded

(Explain below)

7. TOTAL of Lines 5 and 6

8. Balance Needed

(Deduct Line 7 from Line 4)

List all aid, grants and scholarships: Name of Aid, Grant or Scholarship

Amount per Year

1.

2.

3.

4.

5.

6.

7.

TOTAL

List all loans

Name of Loan

Amount per Year

1.

2.

3.

4.

TOTAL

-5-

NonRenewable

Renewable

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□

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WILLIAM TOBIN KING EDUCATIONAL TRUST

**TO BE COMPLETED BY HIGH SCHOOL COUNSELOR**

**PLEASE NOTE:** In figuring G.P.A., use an **unweighted** 7th semester G.P.A. for high school seniors.

TOTAL NO.

UNWEIGHTED G.P.A.

RANK:

IN CLASS

(4-point basis, **only)**

**TEST SCORES: List the scores available**

ACT

SAT

(Raw)

(Percentile)

(Raw)

(Percentile)

ACT

SAT

(Raw)

(Percentile)

(Raw)

(Percentile)

**ACADEMIC RECORD:** Enter student's academic record below; OR ATTACH A TRANSCRIPT AS A SUBSTITUTE.

INDICATE GRADES EARNED

Honors

Grade 9

Grade 10

Grade 11

Grade 12

Schedule

Class Title

Term

Term

Ter1m

Term

Term

Term

Honors

1

2

2

1

2

**TO BE COMPLETED BY COUNSELOR ONLY!**

**COUNSELOR'S SIGNATURE**

-6-

|  |  |  |  |  |  |  |  |  |  |
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WILLIAM TOBEN KING

EDUCATIONAL TRUST

COUNSELOR/SCHOOL REFERENCE (Coach, Teacher, Principal)

All information given is confidential. Please include such things as length of time you've known the student and in what capacity, leadership skills witnessed and relationship with peers and adults.

PLEASE NOTE: Please return to applicant's counselor when completed.)

Name of Student

Your Position

Comments:

Your Signature

-7-