

CECILE STEVEN EDUCATIONAL TRUST

ORIGINAL APPLICATION

INSTRUCTIONS: Applications must be completed and postmarked by **MARCH 15**. All information should be typed or printed on this applications form only ...applications may not be considered eligible if there are any unauthorized or unrequested attached sheets. Attached sheets ARE allowed as a summary of sections I, II, III, IV and V of this application. An Essay is allowed but not required. Limit all information on application to Grades 9 - 12 only. (**NOTE: You may use the back of the application if you require additional space.**) Please mail completed application to: The Commerce Trust Company ATTN: Lori Boyer, P.O. Box 1119, St. Joseph, MO 64502.

APPLICANT NAME (Last/First/Middle) _____ M () F ()

Home Address (Street/City/State/Zip) _____

Are you a resident of Andrew or Buchanan County ? _____

Telephone () _____ Date of Birth (Month/Day/Year) _____ Social Security No. _____

Mother's Name _____ Address _____ Telephone () _____

Occupation _____ Employer _____

Father's Name _____ Address _____ Telephone () _____

Occupation _____ Employer _____

NAME & 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 _____

COUNSELOR'S SIGNATURE MUST APPEAR ON PAGE 7

NOTE: YOU MUST ATTACH IRS FORM 1040 FOR BOTH APPLICANT (IF APPLICANT FILED A RETURN) AND PARENTS FOR THE CURRENT AND THE PREVIOUS TAX YEARS. ALSO, PLEASE ATTACH A COPY OF THE "STUDENT AID REPORT" YOU RECEIVED UPON COMPLETION OF YOUR FAFSA.

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: _____

APPLICANT NUMBER _____

(To be completed by Trustees)

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TO BE COMPLETED BY APPLICANT:

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

I. SCHOOL ACTIVITIES - List school activities, organizations, clubs in which you have participated, offices held and number of years in membership.

ACTIVITY, ORGANIZATION	GRADE LEVEL	NO. OF YEARS	RESPONSIBILITY
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II. COMMUNITY ACTIVITIES/VOLUNTEER WORK - List community activities and volunteer work in which you have participated, what length of time you served.

ACTIVITY, ORGANIZATION, CLUB	GRADE LEVEL	RESPONSIBILITY
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III. SPECIAL RECOGNITION OR HONORS - Name any special achievements for which you have been singled out (Honor Society, Talent Displays, 4-H, Scouting, Athletic Achievements, Etc.)

IV. EMPLOYMENT EXPERIENCES - List any summer, part-time employment. Include number of hours customarily worked.

V. LEISURE TIME ACTIVITIES, INTERESTS AND HOBBIES

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PARENTS FINANCIAL DATA

PARENTS NAME (Last/First/Middle) _____

ASSETS (Fair Market Value)		LIABILITIES		
	Total Value	Debts Owed	To:	Amount of Debt
Cash - Accounts - Savings	\$	Home		\$
Value of Stock - Securities	\$	Autos-Vehicles		\$
Notes Receivable	\$	Personal Loans		\$
Home	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Autos-Vehicles	\$	Student Loans		\$
Equipment	\$	Other (please specify)		\$
Livestock	\$	1.		\$
Stored Crops	\$	2.		\$
Other Assets	\$	3.		\$
Total Assets	\$	Total Liabilities		\$
NET WORTH (Subtract Liabilities from Assets)				\$

	Parent Previous Years Income	Parents Current Years Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support Being Paid for Applicant	\$	\$
Total Adjusted Gross Income	\$	\$

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PARENTS MUST COMPLETE THIS PAGE AND SIGN _____

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APPLICANT FINANCIAL DATA

APPLICANT NAME (Last/First/Middle) _____

ASSETS (Fair Market Value)		LIABILITIES		
	Total Value	Debts Owed	To:	Amount of Debt
Cash - Accounts – Savings	\$	Autos-Vehicles		\$
Value of Stock - Securities	\$	Personal Loans		\$
Notes Receivable	\$	Credit Cards		\$
College Savings Plan (Ex. 529/Cordell)	\$	Taxes Owed		\$
Land-Farm	\$	Student Loans		\$
Autos-Vehicles	\$	Other (please specify)		\$
Equipment	\$	1.		\$
Livestock	\$	2.		\$
Stored Crops	\$	3.		\$
Other Assets	\$	4.		\$
Total Assets	\$	Total Liabilities		\$
NET WORTH (Subtract Liabilities from Assets)				\$

	Student Previous Years Income	Student Current Years Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support Being Paid for Applicant	\$	\$
Total Adjusted Gross Income	\$	\$

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FINANCIAL NEED WORKSHEET

Name of Your College _____

Your Expenses

- | | | |
|---|----|--|
| 1. Tuition | \$ | |
| 2. Room and Meals | \$ | |
| 3. Books and Supplies | \$ | |
| 4. Personal, Travel, Recreation and Clothes | \$ | |
| 5. TOTAL | \$ | |

LESS

- | | | |
|---|----|--|
| 6. Parental Contribution | \$ | |
| 7. Student Contribution | \$ | |
| 8. Other Aid, Grants or Scholarships Awarded
(Explain Below) | \$ | |
| 9. TOTAL of Lines 6, 7 and 8 | \$ | |
| 10. Balance Needed (Deduct Line 9 from Line 5) | \$ | |

List all grants and scholarships:

	<u>Name of Aid, Grant, Or Scholarship.</u>	<u>Amount per Year</u>	R e n e w a b l e	N o n - R e n e w a b l e
1.	_____		<input type="checkbox"/>	<input type="checkbox"/>
2.	_____		<input type="checkbox"/>	<input type="checkbox"/>
3.	_____		<input type="checkbox"/>	<input type="checkbox"/>
4.	_____		<input type="checkbox"/>	<input type="checkbox"/>
5.	_____		<input type="checkbox"/>	<input type="checkbox"/>
6.	_____		<input type="checkbox"/>	<input type="checkbox"/>
7.	_____		<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL			

List all Loans

	<u>Name of Loan</u>	<u>Amount Per Year</u>
1.	_____	
2.	_____	
3.	_____	
4.	_____	
	TOTAL	

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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.

RANK: _____ TOTAL NO. UNWEIGHTED G.P.A.
 IN CLASS. _____ (4 - point basis, **only**) _____

TEST SCORES: List The Scores Available:

_____ SAT _____
(Raw) (Percentile)

_____ ACT _____
(Raw) (Percentile)

_____ SAT _____
(Raw) (Percentile)

_____ ACT _____
(Raw) (Percentile)

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

INDICATE GRADES EARNED									
Honors	Class Title	Grade 9		Grade 10		Grade 11		Grade 12 Schedule	Honors
		Term 1	Term 2	Term 1	Term 2	Term 1	Term 2		

COUNSELOR'S SIGNATURE _____

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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