

WILLIAM TOBEN KING SCHOLARSHIP

Original Application –2021

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 | _____ |
| 2) | Student signature on Page 2 | _____ |
| 3) | Parents' signature on Pages 2 and 3 | _____ |
| 4) | Counselor signature on Page 6 | _____ |
| 5) | Attached Transcript of Grades and complete Page 6 | _____ |
| 6) | Postmarked by June 1, 2021 | _____ |
| 7) | 2019 tax return attached for parent and student | _____ |
| 8) | 2020 tax return attached for parent and student
<small>(2018 tax return in addition to 2019 is acceptable if 2020 is not available)</small> | _____ |
| 9) | Parents' Financial data complete on Page 3 | _____ |
| 10) | Student Financial data complete on Page 4 | _____ |
| 11) | Financial need worksheet complete on Page 5 | _____ |
| 12) | Counselor / school reference complete on Page 7
<small>(Separate attachment for reference is acceptable)</small> | _____ |

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: _____
Signature

Dated: _____

**WILLIAM TOBEN KING
EDUCATIONAL TRUST**

Attn: Lori Boyer
The Commerce Trust Company
P. O. Box 1119 | 328 Felix Street
St. Joseph, MO 64502

ORIGINAL APPLICATION – 2021

INSTRUCTIONS: You or your counselor must return this application to the above address. Applications **MUST** be complete and postmarked by June 1, 2021. 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 () _____ Cell Phone () _____ 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 in Family who will be attending College in the Fall 2021 _____ 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? _____

Check here if your School is not an NHS School

COUNSELOR'S SIGNATURE MUST APPEAR ON PAGE 6

NOTE: YOU MUST ATTACH IRS FORM 1040 FOR BOTH THE APPLICANT (IF APPLICANT FILED A RETURN) AND PARENTS FOR YEARS 2019 AND 2020 AND YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT OF GRADES UP TO AND INCLUDING THE 8TH SEMESTER. PROVIDING A COPY OF THE 2018 RETURN INSTEAD OF 2020 IS ACCEPTABLE IF 2020 IS NOT AVAILABLE.

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: _____

WILLIAM TOBEN KING EDUCATIONAL TRUST

PARENTS FINANCIAL DATA

STUDENT'S NAME (Last/First/Middle) _____

ASSETS (please use the estimated current market value of each asset when completing this section)		LIABILITIES (please provide full balance of debt)		
		Debts Owed	To	Amount
Cash-Accounts-Savings	\$	Home (Mortgage)		\$
Value of Stock-Securities-Brokerage	\$	Autos-Vehicles		\$
Primary Residence	\$	Personal Loans		\$
Autos-Vehicles	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Partnership Interest	\$	Student Loans		\$
Equipment	\$	Home Equity Loan		\$
Livestock and/or Stored Crops	\$	Debt on Rental or other Investment Property		\$
Rental or Other Investment Properties	\$	Other (Please Specify)		\$
Other Assets (Do not include 401(K) or IRA Balances)	\$			\$
Total Assets	\$		Total Liabilities	\$
Net Worth (Subtract Liabilities from Assets)				\$

	Parents 2019 Income	Parents 2020 Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support being paid for Applicant	\$	\$
Total Adjusted Gross Income	\$	\$

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 _____

**WILLIAM TOBEN KING
EDUCATIONAL TRUST**

APPLICANT FINANCIAL DATA

STUDENT'S NAME (Last/First/Middle) _____

ASSETS (please use the estimated current market value of each asset when completing this section)		LIABILITIES (please provide full balance of debt)		
		Debts Owed	To	Amount
Cash-Accounts-Savings	\$	Autos-Vehicles		\$
Value of Stock-Securities-Brokerage	\$	Personal Loans		\$
College Savings Plan (Ex. 529 Plan)	\$	Student Loans		\$
Autos-Vehicles	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Livestock	\$	Other (Please Specify)		\$
Equipment	\$	1.		\$
Stored Crops	\$	2.		\$
Other Assets	\$	3.		\$
	\$	4.		\$
Total Assets	\$		Total Liabilities	\$
Net Worth (Subtract Liabilities from Assets)				\$

	Applicant's 2019 Income	Applicant's 2020 ncome
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support being paid for Applicant	\$	\$
Total Adjusted Income	\$	\$

FINANCIAL NEED WORKSHEET

Name of Your College _____

Your Expenses (please provide amounts PER YEAR and not per semester)

- | | | |
|-----------------------|---|----------|
| 1. Tuition | | \$ _____ |
| 2. Room and Meals | | \$ _____ |
| 3. Books and Supplies | | \$ _____ |
| 4. TOTAL | Trustees will implement a cap of \$6,000 for Junior Colleges or Vo-Tech Schools 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:

	<u>Name of Aid, Grant or Scholarship</u>	<u>Amount per Year</u>	RENEWABLE	NON RENEWABLE
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	_____

WILLIAM TOBEN KING
EDUCATIONAL TRUST

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

PLEASE NOTE: In figuring GPA, use an **unweighted** 8th semester GPA for high school seniors.

RANK: _____

TOTAL NO.
IN CLASS _____

UNWEIGHTED GPA
(4-point basis, **only**) _____

TEST SCORES: List the scores available

_____ ACT _____
(Raw) (Percentile)

_____ SAT _____
(Raw) (Percentile)

_____ ACT _____
(Raw) (Percentile)

_____ SAT _____
(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		

TO BE COMPLETED BY COUNSELOR ONLY!

COUNSELOR'S SIGNATURE _____

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