

GEORGE BAUER TRUST FUND SCHOLARSHIP

FACT SHEET

1. Applicant shall be a student seeking to become a medical doctor or nurse and a resident of Shelby County.
2. Scholarships will be awarded annually and should not be assumed to be renewable annually to a recipient already having received a previous scholarship grant.
3. Applicant must be a full time student at an accredited college or university.
4. The scholarship award will be based on grades, financial need and character.
Grades: Applicant's college grades should indicate that achievement in college is in accordance with the student's potential ability. College entrance scores may be used as an indication of the student's potential ability.

Financial Need: Each applicant must return the scholarship application.

Character: A student who has had discipline problems within the college or residence halls, or with the Office of the Dean, will not be eligible for the scholarship. A written statement regarding the applicant's standing may be requested from the Office of the Dean of the college.
5. The scholarship must be used to pay college tuition or other college expenses, such as books, fees, housing, or clothing.
6. A student who has accepted a scholarship and drops out of school for any reason, except in the case of illness or death, before receiving his or her degree or certificate must refund the money to the trustee within two years after dropping out of school.
7. A student may receive this scholarship more than once. He/she may reapply for the scholarship each year he/she is in college or school. Application is to be made at the end of the previous school year for the forthcoming school year scholarship award.
8. Application for this scholarship must be made by completing and mailing the appropriate scholarship application to Busey Trust Company, Trustee for the George Bauer Scholarship Fund. Information on the personal data sheet will be kept confidential by the scholarship committee.
9. All applicants will be informed as to the final selection of the committee.
10. The method of selecting students to receive George Bauer scholarship awards shall be left to the sole discretion of Busey Trust Company, Trustee under Will of George Bauer
11. Inquiries should be directed as follows:
Busey Trust Company
130 N. Main Street
Decatur, IL 62523
Phone: 217-425-8284

GEORGE BAUER TRUST

Medical Doctor/Nurse Scholarship Application

1. Name of Applicant: _____

2. Applicant's Date of Birth: _____ Age: _____

3. Applicant's Social Security Number: _____

4. Home Address:

Street: _____

City, State, Zip: _____

Telephone: _____

5. College Address:

Name of University: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

6. Mail should be sent to HOME COLLEGE

7. In the fall of this year, what will be your college classification:

Freshman Sophomore Junior Senior Graduate School

8. Will you be a full time student according to your school's rule?

_____ Yes _____ No

9. Please describe the type of medical/healthcare training program in which you are currently enrolled. (I.e. Type of nursing, medical field, etc.) High school seniors should indicate enrollment plans.

10. Current Academic Rank, answer either question, a. or b. whichever applies:

a. If you are a high school senior, what is your current grade point average and rank in your class? _____

b. If you are currently in college, what is your most recent accumulative grade point average? (Note: if you were currently a college freshman, this would be your point average from your first semester or quarter, not your high school average.)

11. Please indicate below if you have received financial assistance through this scholarship program before.

20____ 20____ 20____ 20____ 20____

12. Applicant's Economic Dependence Status (check one):

- A.) Family Dependent- receiving financial support from family
(Even if minimal) _____
- B.) Independent Student- not living with parents and not receiving
Financial support from them _____
- C.) Married -living with spouse _____

Note: In order to properly determine any applicant's need, it is important that we have up to date financial information. It is considered confidential information and is not used beyond the scholarship application process.

13. Have you provided a copy- of your parent's most recent Federal Income Tax Return Form. 1040 or 1040A 7 (Required only if receiving any kind of financial support from your family- see question #12) Prior tax year reports are not acceptable.

YES NO DID NOT FILE (state reason)

14. Have you provided a copy of your most recent Federal Income Tax Return Form 1040 or 1040A? Prior tax year reports are not acceptable.

YES NO DID NOT FILE (state reason)

15. Family Information

Please fill in this chart with information about the individuals who live in your permanent residence. If you indicated Family Dependence in question #12, you should list your father, mother, brothers, sisters, and any other dependent that lives with your family. If you indicated Independent Student or Married- Living with spouse, list any persons who are dependent upon you for support

Name	Age	Relationship	Year in School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

(Attach additional sheet if necessary)

16. Does your family have any unusual demands on income, such as illness, handicaps, aged dependents, etc?

YES

NO

If yes please explain:

17. Anticipated income and school expenses for the coming full school year:

	Anticipated Expenses		Anticipated Income
Tuition	\$ _____	Savings	\$ _____
Housing	\$ _____	Family Contributions	\$ _____
Books	\$ _____	Other Scholarships/Grants	\$ _____
Personal	\$ _____	Full/Part Time Employment	\$ _____
Miscellaneous	\$ _____	Miscellaneous	\$ _____
Total Expenses	\$ _____	Total Income	\$ _____

18. On a separate sheet, list your significant awards, offices held, interests and activities over the past years which have contributed most to your development.

19. On a separate sheet, describe your short and long term goals. Much of your evaluation is based on your goals and plans. Please include why you became interested in the field of medicine/health care.

20. Applicants are encouraged to include letters of recommendation from scholastic and personal sources .. (No more than 3 should be submitted from each source and they should not be more than six months old at time of application)

21. Signature of Applicant _____ Date _____

22. Signature of Parent _____ Date _____

Please direct all documentation and inquiries to:

Busey Trust Company

130 N. Water Street

Decatur, IL 62523

Phone: 217-425-8284

Note: All information in this application and in supporting documents shall remain confidential and will be used only in the scholarship process.
