

Leon Wells Scholarship

The Leon Wells Scholarship Fund was established by the last will and testament of the late Leon Wells. The will provides that his estate be held in trust by the Monroe Bank and Trust Company and that the income from the trust be used to provide aid to deserving youth of Dundee and Summerfield Townships in their first year of college or university training. It further provides that a student who exhibits exceptional ability and merits, continued aid may, at the discretion of the selection committee, be entitled to receive financial aid from this trust for succeeding years, but in no event for more than a total of four years.

1. **Initial Awards:** Graduating seniors of the Dundee Community and Summerfield Community High Schools who are residents of either Dundee or Summerfield Townships, Monroe County, Michigan
2. **Continuing Awards:** Recipients of the initial awards who are legal residents of the above townships.

QUALIFICATIONS (in addition to the above):

1. **Initial Awards:** Maintain a grade point average of 3.0 or better for the first seven semesters in high school and have good personal character, exhibit financial need; have recommendations of the screening committees.
2. **Continuing Award:** Maintain a 2.5 or better grade point average in college or university; exhibit continued financial need; good personal character; have recommendation of screening committees.

APPLICATIONS:

For both initial and continuing awards, must be submitted to the High School Guidance Office, on application forms provided by the school. Applications must be accompanied by an Affidavit of Residency. An official transcript must be attached to this scholarship application.

LEON WELLS SCHOLARSHIP
Application for Initial Award

Date: _____

Applicant's Name: _____ Social Security # _____

Address: _____
Street City, State ZIP Township

High School _____ Date of Graduation _____

Family Data:

Father's Name _____ Occupation _____

Address _____

Place of Employment _____ () Full-time () Part-time

Mother's Name _____ Occupation _____

Address _____

Place of Employment _____ () Full-time () Part-time

Guardian's Name (If applicable) _____

Address _____

Number of brothers and sisters dependent on parents (or guardian) _____

Number of brother and sisters in college _____

College or University you plan to attend _____

Have you been accepted? Yes No

Course of study you expect to follow _____

Signature _____

Note: You must attach an Affidavit of Residency and a Financial Statement to this application.

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

_____ GPA _____ Rank Residency Affidavit received _____
Financial Statement _____
College or Univ. Acceptance _____
Application Received by _____
Closing date _____

Screening Committee Recommendation _____

Final Selection Committee Recommendation _____

Amount Awarded \$ _____ Amount Need Determined \$ _____

CONFIDENTIAL FINANCIAL STATEMENT
(to be submitted with application for scholarship)

Name _____ Date _____

Parents' or guardians Resources:

Income from Salary or wages:

Name	Address	Occupation	Yearly Salary
Father _____	_____	_____	\$ _____
Mother _____	_____	_____	\$ _____
Guardian _____	_____	_____	\$ _____

Other Income and Assets:

Amt of Bank Accts	Annual Income From Investments	Value of Real Estate (other than residence)
Father \$ _____	\$ _____	\$ _____
Mother \$ _____	\$ _____	\$ _____
Guardian \$ _____	\$ _____	\$ _____

Other Information: Describe below any pertinent information concerning other financial assets, income from social welfare (ADC, etc.), obligations, or indebtedness of your family that would be helpful in assessing your financial need for the scholarship requested (use other side if necessary)

Applicant's Estimated College Costs and Resources:

Costs	Resources
Tuition and Fees \$ _____	Personal Savings \$ _____
Books and Supplies \$ _____	Vacation earnings \$ _____
Room and Board \$ _____	Part-time Earnings \$ _____
Clothing and Laundry \$ _____	Aid from Parents \$ _____
Transportation \$ _____	Aid from other Relatives \$ _____
Medical and Dental \$ _____	Social Security Benefits... \$ _____
Personal and Recreation ... \$ _____	Scholarships/Loans \$ _____
Commuting Students:	Specify \$ _____
Lunches \$ _____	Other Resources \$ _____
Travel Expenses ... \$ _____	\$ _____
Fuel & Auto \$ _____	
Auto Payments \$ _____	
Public Ride Cost ... \$ _____	
Other Expenses (Specify) .. \$ _____	
TOTAL \$ _____	TOTAL \$ _____

Applicant's Signature _____

Parent's Signature _____

**LEON WELLS SCHOLARSHIP
AFFIDAVIT OF RESIDENCY**

This is to certify that I am a resident of (Dundee or Summerfield) Township.
My legal address is...

Address (Number and street, Post Office, and ZIP)

Applicant's Signature: _____

Subscribed and sworn to _____
Before me this _____ day of _____, 20__

Notary Public
Monroe County
My Commission Expires _____.
