

DEADLINE: JUNE 1

**Attn: Lori Boyer
The Commerce Trust Company
Commerce Bank, N.A.
P.O. Box 1119
St. Joseph, MO 64502**

**JOHN E. KIRSCHNER SCHOLARSHIP FUND
ORIGINAL SCHOLARSHIP APPLICATION
(Must have and maintain GPA of 2.5 on a scale of 4.0)**

1. Applicant: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____

Social Security No. _____

Date of Birth: _____

2. List high school you attended:

School Name: _____

_____ City State Zip

Date of Graduation: _____

3. Grade Point: _____ Based on _____ Point System

Class Rank: _____ # in Class _____

4. College you plan to attend: _____

5. Estimate of school costs **PER YEAR.** (ATTACH COPIES)

Tuition: \$ _____

Books: \$ _____

Room/Board (On Campus): \$ _____

Scholastic Fees (Please List): \$ _____

Other (Specify): \$ _____

6. Amount requested \$ _____ for school year.

7. Those currently in college:

Cumulative GPA: _____
Semesters Completed: _____
Semesters anticipated to complete degree: _____

8. What educational objective do you have:

Bachelor's Degree _____
Master's Degree _____
Doctorate _____

9. Course of Study: _____

10. List three persons as references. Exclude relatives. Include a high school administrator and/or teacher. (Have each complete a Nomination Form attached.)

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Other scholarships awarded:

12. How are you paying for your education (check as many as apply and include dollar amounts):

Grants/Scholarships	_____	\$ _____
Part-Time Job	_____	\$ _____
Work Study	_____	\$ _____
Family Assistance	_____	\$ _____
Other	_____	\$ _____

13. Are **YOU** a member of the Congregation of the Zion United Church of Christ? _____

14. Are there any other conditions or factors you would like the committee to consider? _____

JOHN E. KIRSCHNER EDUCATIONAL FUND

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

<u>Activity/Organization</u>	<u># of Years</u>	<u>Responsibility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. **COMMUNITY ACTIVITIES/VOLUNTEER WORK:** List community activities and volunteer work in which you have participated, what length of time you served.

<u>Activity/Organization</u>	<u>Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

Place: _____ Hours Worked: _____
Place: _____ Hours Worked: _____
Place: _____ Hours Worked: _____

V. **LEISURE TIME ACTIVITIES, INTERESTS AND HOBBIES:**

CONFIDENTIAL

Parent's Income: (If independent, state your own current income and spouse if applicable.)

Father or Male Guardian:

Mother or Female Guardian:

Employer: _____

Employer: _____

Position: _____

Position: _____

of Years: _____

of Years: _____

Annual Income: \$ _____

Annual Income: \$ _____

List all children, including self:

<u>Name</u>	<u>Age</u>	<u>Present School or Occupation</u>	<u>Tax Dependent</u>	<u>Finan- cial Aid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you receiving financial assistance for your education from any other source? Yes _____ No _____

If yes, explain: _____

**** ATTACH AN ORIGINAL COLLEGE OR HIGH SCHOOL TRANSCRIPT OF GRADES**

(If graduation senior, attach high school transcript or, if attending college, attach college transcript)

I verify the information on this application is accurate.

Signature of Applicant _____

Date: _____

JOHN E. KIRSCHNER SCHOLARSHIP FUND
St. Joseph, Missouri

NOMINATION FORM

Student's Name: _____

Student's Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

Nominating Person: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

College: _____
City: _____ State: ___ Zip: _____

Classification: _____ Freshman
_____ Sophomore
_____ Junior
_____ Senior
_____ Graduate Student

NOMINATION

I believe this student should be considered for the **John E. Kirschner Scholarship** for the following reasons: (Please type or print in ink.)

Signature of Nominating Person _____
Date: _____

**JOHN E. KIRSCHNER SCHOLARSHIP FUND
St. Joseph, Missouri**

NOMINATION FORM

Student's Name: _____

Student's Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Nominating Person: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

College: _____

City: _____ State: ____ Zip: _____

Classification:

- _____ Freshman
- _____ Sophomore
- _____ Junior
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JOHN E. KIRSCHNER SCHOLARSHIP FUND
St. Joseph, Missouri

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Student's Address: _____
City: _____ State: ____ Zip: _____
Phone: _____

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