

PLEASE RETURN COMPLETED APPLICATION BY MARCH 15 TO:

Two Rivers Bank and Trust  
Attn: Two Rivers Wealth Management – Pam Powell  
P. O. Box 728  
Burlington, IA 52601

**THE KINGS DAUGHTERS & SONS ELIZABETH KELLY  
SCHOLARSHIP FOR COLLEGE SCHOOL YEAR 2023 - 2024**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

I have been accepted  I plan to enroll

at \_\_\_\_\_

MAJOR IN COLLEGE \_\_\_\_\_ VOCATIONAL GOAL \_\_\_\_\_

ACT COMPOSITE SCORE \_\_\_\_\_ COLLEGE BOUND %ile \_\_\_\_\_

CUM. GRADE POINT AVER. (Mid-Sr. Yr.) \_\_\_\_\_ RANK IN CLASS \_\_\_\_\_ / \_\_\_\_\_ (IF APPLICABLE)

NAMES OF PARENTS \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

PARENTS' ADJUSTED GROSS INCOME ON IRS TAX RETURN \$ \_\_\_\_\_

OTHER SOURCES OF INCOME \$ \_\_\_\_\_  
(ie: Child Support, Social Security, Retirement, Exempt Interest Income, etc.)

NUMBER OF DEPENDENT CHILDREN LISTED ON INCOME TAX RETURN \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN IN COLLEGE NEXT YEAR, INCLUDING SELF \_\_\_\_\_

WHERE DO YOU WORK? \_\_\_\_\_

APPROXIMATE WEEKLY INCOME \$ \_\_\_\_\_

SCHOOL ACTIVITIES (organizations, athletics, dramatics, music, etc.) Name each activity, how many years you participated, and any offices held. Attach additional page(s), as needed.

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COMMUNITY ACTIVITIES (other than school activities) volunteer services, Scouts, church, etc. List positions of leadership, if any. Attach additional page(s), as necessary.

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Total annual cost for tuition, fees and books (do not include room and board). \_\_\_\_\_

How much of your college costs will you be able to pay? \_\_\_\_\_  
(Include other grants, college savings programs, work earnings.)

How much will your parents contribute? \_\_\_\_\_

If available, what is your FAFSA Expected Family Contribution \$ \_\_\_\_\_

Attach three letters, two from two members of your school's faculty and one from either an employer or a pastor, as references with respect to your character, work habits, and scholarship. Enter below the name of each and a phone number at which each is most accessible.

1. \_\_\_\_\_ Phone No. \_\_\_\_\_
2. \_\_\_\_\_ Phone No. \_\_\_\_\_
3. \_\_\_\_\_ Phone No. \_\_\_\_\_

**Attach a single page on which you inform us about: (1) your motivation or inspiration for pursuing a college education and/or selecting your field of study, and (2) other information that would be helpful to the selection committee in its selection process, including personal or family circumstances. Avoid general comments about the high cost of a college education. (This is your opportunity to tell us more about yourself.)**

1. Failure to provide all requested information may cause the application to be disregarded by the selection committee.
2. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
3. My school is authorized to release a transcript of my grades to the trustee and the scholarship selection committee.
4. If I am awarded a scholarship and do not complete the first semester of study at the prescribed college, I agree to refund the scholarship money. (Extenuating circumstances may be reviewed by the committee.)
5. Permission is granted for a press release if I am a recipient.
6. If you are not chosen as a recipient of the King's Daughters & Sons Elizabeth Kelly Scholarship, your application will be destroyed.

Signature of applicant \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_