

**CLARENCE W & AMELIA BESS MOODY MEMORIAL SCHOLARSHIP**

**PLEASE RETURN COMPLETED APPLICATION BY MARCH 15 TO:**

Two Rivers Bank & Trust  
Attn: Two Rivers Wealth Management – Pam Powell  
P. O. Box 728, 222 N. Main Street  
Burlington, IA 52601

**For Academic Year 2023/2024**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL \_\_\_\_\_

I have been accepted and I plan to enroll at :

at Iowa Wesleyan College in Mt. Pleasant, Iowa

Major in College \_\_\_\_\_ Vocational Goal \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ High School Attending \_\_\_\_\_

Cum. Grade Point Avg. (Mid-Senior Year) \_\_\_\_\_ Rank in Class \_\_\_\_\_ Size of Class \_\_\_\_\_

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 yourself) \_\_\_\_\_

Where do you work? \_\_\_\_\_ Approx. Monthly Income \$ \_\_\_\_\_

School Activities: (organizations, athletics, dramatics, music, etc.) Name each activity, how many years you participated, and any offices held. (Attach additional pages, if needed) \_\_\_\_\_

\_\_\_\_\_

Community Activities: (other than school activities) volunteer services, Scouts, church, etc. List positions of leadership, if any. \_\_\_\_\_

\_\_\_\_\_

Total annual cost for tuition, fees and books. \$ \_\_\_\_\_

How much of your college costs will you be able to pay (include grants, college savings plans, work earnings)?

\$ \_\_\_\_\_

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

- 1. **Attach a letter from a member of your school's faculty as a reference with respect to your character, work habits, and scholarship. Enter below the faculty member's name and a phone number at which he/she is most accessible.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

- 2. **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.) An application will not receive the selection committee's consideration unless this item is completed.**

- 3. **Attach a transcript of grades from your school.**

- 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 award. (Extenuating circumstances may be reviewed by the committee.)
- 5. Permission is granted for a press release that includes my name and my award if I am a recipient.

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

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

Date \_\_\_\_\_