

MARK & ELOISE BECKMAN MEMORIAL SCHOLARSHIP

PLEASE RETURN COMPLETED APPLICATION BY TO:

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

For Academic Year 2026/2027

Name: _____
Last _____ First _____ Middle _____

Address: _____

Date of Birth: _____ Phone: _____

Email Address: _____

I have been accepted and I plan to enroll at:

at Southeastern Community College

Major in College _____ Vocational Goal _____

Cum. Grade Point Avg. (Mid-Senior Year) _____

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 \$ _____

Vocational / Trade Program you have been accepted into: _____

Prerequisite courses/classes for a vocational /trade program are not eligible for this scholarship. Only courses that are listed as part of a vocational/trade program for which the student has been accepted are eligible. Please attach a copy of your acceptance document for the vocational / trade program (ie email, letter) for verification purposes.

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 _____

There is no deadline for this application. Applications are considered on a first come first serve basis. When allocated funds are gone for the year, no more applications will be accepted for the calendar year. Awards are based on program cost and availability of funds remaining to be awarded. It does take 30 days to process the application so it is to your advantage to apply as soon as you possibly can.