

HELEN RAIDER MEMORIAL TRUST

For college school year 2026/2027

Vic Raider established the Helen Raider Memorial Trust in memory of his wife. The purpose of the trust is to provide scholarships for current graduating seniors of high schools located in Des Moines County, Iowa who plan to go on to college or a vocational program. The Selection Committee will consider applicants for scholarships of not less than \$1,000.

PERSONAL DATA:

Name: _____ E-mail: _____

Home Address: _____ Zip _____

Phone No.: _____ Date of Birth: _____

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Number of dependent children listed on income tax return: _____

Number of dependent children attending college next year (including self): _____

Parents' approximate yearly income: \$ _____

SCHOOL DATA:

High School: _____ Class of (YEAR): _____

Number in graduating class: _____ Rank in class (end of mid-senior year): _____

Grade point average (end of mid-senior year): _____ ACT composite score: _____

Your application must include a high school transcript of grades or it will be considered incomplete and will not be given any consideration for an award.

SCHOOL ACTIVITIES: (organizations, athletics, dramatics, music, etc.) Name each activity, the years you participated, and any offices held. Attach additional pages as needed.

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

WORK: If you currently work part-time, what do you do and where?

Your approximate yearly income: \$ _____

Major in college: _____

Career goal: _____

College or School you plan to attend:

[Check One]

I have been accepted by this College or School
 I plan to enroll at this College or School, but I have not been accepted.

One year tuition and books cost? _____
(This information is available on the school's website.)

How much of your college costs will you be able to pay? _____
(Include college savings plans, tuition grants, etc.)

How much will your parents contribute? _____

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. To be considered, you must complete all items.
2. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
3. If I am awarded this 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.)
4. Permission is granted for a press release if I am a recipient.

Signature of applicant: _____

Signature of parent or guardian: _____

THIS FORM MUST BE RETURNED NO LATER THAN FEBRUARY 1, 2026 TO:

TWO RIVERS BANK & TRUST
ATTENTION: TWO RIVERS WEALTH MANAGEMENT
P. O. BOX 728
BURLINGTON, IOWA 52601