

PLEASE RETURN COMPLETED APPLICATION BY March 15, 2026 TO:

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

LOIS PORTERFIELD TROVILLO MEMORIAL SCHOLARSHIP

The Lois Porterfield Trovillo Burlington Memorial Scholarship Fund accepts scholarship applications from students who meet the following criteria:

The recipient must (1) attend Dominican University in River Forest, Illinois (formerly Rosary College) or Edgewood University in Madison, Wisconsin; and be (2) a girl who has graduated from Burlington Community High School; (3) of past and present Protestant religious faith; (4) deserving and outstanding in the judgment of the Trustees; and (5) a young lady whose financial condition will not permit her to otherwise obtain a college education.

Please attach a picture
here before returning
completed application.

DATE _____

NAME _____
Last First Middle

ADDRESS _____

EMAIL _____

DATE OF BIRTH _____ PHONE _____

MAJOR IN COLLEGE _____ VOCATIONAL GOAL _____

ACT or SAT COMPOSITE SCORE _____ COLLEGE BOUND %ile _____

GRADE POINT AVER. (Mid-Sr. Yr.) _____ (Please attach a transcript).

RANK IN CLASS _____ / _____

PLEASE DESCRIBE PAST AND PRESENT RELIGIOUS PRACTICES AND FAITH: _____

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.

COMMUNITY ACTIVITIES (other than school activities) volunteer services, Scouts, church, etc. List positions of leadership, if any.

Attach three letters of reference, at least two from members of your school's faculty, 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. _____

IN NOT MORE THAN 100 WORDS, EXPLAIN HOW YOU WOULD BENEFIT FROM RECEIVING THE TROVILLO MEMORIAL SCHOLARSHIP:

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. 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.

Signature of applicant _____

Signature of parent/guardian _____

Date _____