

LESTER R BIRBECK CHARITABLE TRUST

SCHOLARSHIP APPLICATION

Date: _____ Name: _____ SS#: _____
Last First MI

Phone: _____ Address: _____
Street City St Zip

How long have you resided at current residence? _____ Date of Birth: _____ Place of Birth: _____

Date of graduation: _____ High School Name: _____ City: _____

Expected start date of college: _____ College/School Choice 1st: _____

College/School Choice 2nd: _____

College Major: _____ College Minor: _____ 4yr _____ 2yr _____

Technical/vocational course of study: _____ 4yr _____ 2yr _____

Father's Name: _____ Address: _____

Father's Occupation: _____ Name of Employer: _____

Mother's Name: _____ Address: _____

Mother's Occupation: _____ Name of Employer: _____

OR (If Applicable)

Guardian's Name: _____ Address: _____

Guardian's Occupation: _____ Name of Employer: _____

Indicate your immediate family's adjusted gross income as shown on your federal 1040 income tax returns for the past two years:

Year	Adjusted gross income

How many children are in your family? _____ List ages _____

What special recognition did you receive for scholastic or other achievements in high school? (Attach additional sheets if necessary):

List the extracurricular activities in which you participated during your high school career (include community, church, etc.). Note level of participation (i.e. leadership roles, general membership, committee member, etc.) (Attach additional sheets if necessary):

List your hobbies, special interests, aptitudes, talents, etc. (Attach additional sheets if necessary)

List summer employment. If never employed, list what you did during summer vacation

What do you expect to do this summer?

If you worked after school or on weekends while in high school, list names of employers and type of work:

Have you saved any money toward your college/technical school education? If so, how much?

Have you received any other scholarship or grant for your post high school education? If so, how much and from whom?

Do you receive any benefits from Social Security, Veteran's Administration, or other resources? If so, how much and from whom?

Will you need to work part time in order to attend college/school?

Why do you think you need this scholarship? (Attach additional sheets if necessary)

Attach a current copy of your high school transcript and a recent photograph. Include your name on the back of the photograph

On the back of this application write in your own handwriting a short description of your career aspirations, what your plans are to reach this goal, and what is motivating you towards this direction.

Student's Signature

Parent/Guardian's Signature

NOTE: Applicant's signature and/or parent/guardian's signature will be considered permission to release the information below:

To be completed by a school official

Class Rank

Quartile

SAT Score

ACT Score

Composite 4-yr grade

(7th semester - unweighted)

School Official's Signature

Class Rank = Applicant's numerical ranking/total number of students in graduating class

THIS INFORMATION IS CONFIDENTIAL

Application Deadline: April 2nd

Application Should be submitted directly to the trustee:

Commerce Bank
Attn: Lori Boyer
P.O. Box 1119 | 328 Felix Street
St. Joseph, MO 64502
Lori.Boyer@commercebank.com
Phone: 816-236-5748
Fax: 816-236-5704