

IVA MAE BLAUM TRUST SCHOLARSHIP

State Bank of Lincoln, Trustee

2020 APPLICATION

Name of Applicant: _____ Age: _____

Home
Address: _____
(STREET) (CITY) (STATE) (ZIP) (COUNTY)

Phone: _____ Social Security Number: _____

Date of Birth: _____ Email Address: _____

Parents'
Name(s): _____

Father's Occupation and
Employer: _____

Mother's Occupation and
Employer: _____

High School To Graduate from: _____

Grade Point Avg.: _____ # in Your Class: _____ Your Rank in the Class: _____

Have you been involved in the agriculture or nursing field or active in agriculture or nursing related activities as a volunteer, an employee, or for recreation, etc.? If so, please elaborate:

Number of hours per week in extra-curricular activities: _____

Involvement in school activities (athletics, clubs, programs, etc.) and leadership positions/responsibilities assumed:

Involvement in organized community activities (4-H, church groups, scouts, etc.) and leadership positions/responsibilities assumed:

Number of hours per week in job: _____

List all jobs you have held while in high school (employer, duty and dates):

College or University you plan to attend this fall:

Full-time?: _____ Expected Graduation Date: _____

Your Course of Study: _____

Your Professional Goals:

Estimated annual cost of college or university of your choice:

ESTIMATED EXPENSES	Fall Semester	Spring Semester
TUITION AND FEES		
ROOM AND BOARD		
BOOKS AND SUPPLIES		
TRANSPORTATION		
OTHER EXPENSES		
TOTAL		

How much of the above total cost do you expect to pay from:

VACATION EARNINGS	
PERSONAL SAVINGS	
COLLEGE EMPLOYMENT	
ASSISTANCE FROM PARENTS	
ASSISTANCE FROM OTHERS	
LOANS	
OTHER (INCLUDE SCHOLARSHIPS)	
TOTAL	

Amount of assistance you will need: _____

I hereby certify that to the best of my knowledge, the above information is correct and complete.

Signature of Applicant

Date

APPLICATION DEADLINE:

Your completed application and other required information **must be received by Friday, April 17, 2020** in order to be considered.

Submit your completed application and other required information to:

State Bank of Lincoln
Attn: Wealth Management
508 Broadway
P.O. Box 529
Lincoln, Illinois 62656

Checklist to be completed by applicant:

- Application
- Official high school transcript
- Certification of rank in class and ACT scores (if not within high school transcript)
- Two recommendations from unrelated high school staff