## THE BILL & JULIA THOMAS CHARITABLE TRUST High School Senior Scholarship Application

Name:	:			
Addre	SS:	<u></u>		
City, S	state, Zip:			
Home	Phone Number:			
Birth D	Oate:			
Social	Security Number:	<del></del>		
Please	check the section or sections list	ed below that apply to you:		
		Kansas. (Required for scholarship eligibility) ersity for an associate, undergraduate or master's degree.		
High School Attended:				
College, university, medical school or vocational school to attend:				
Indicate the estimated cost for each semester:				
	Tuition	\$		
	Books	\$		
	Room	\$		
	Other Expenses	\$		
Attach to this application the following information:				
	Certified or photo copy of a transcript from all high schools and/or colleges or universities attended to date.			
	A short essay stating educational goals, plan for achieving goals and a general statement of the reasons for choosing the specific field you wish to pursue as a course of study.			
	A list of scholastic, extracurricular activities, work history, achievements and accomplishments.			

There are two categories of scholarships available. The first category is based solely <u>on scholastic merit, citizenship and other factors</u>. The second category <u>adds financial need</u> as a selection criteria for receiving a scholarship.

Please	indicate if you want to be considered for a scholarship based on financial ne	eed:		
	. se, ea.a y application to be continued as the time interior care acting only.			
If your answer is yes, please provide the following additional information:				
	□ Indicate your family's* average adjusted gross income for the last 3 years: \$			
	Indicate your family's* approximate net worth:	\$		
	☐ Indicate the number of family members attending college at this time			
	List all other financial aid or scholarships received.			
*Unless you are over 23 years old or married, you should include your parent's financial information with yours, regardless of whether or not you are claimed as a dependent on their tax return.  An application will be considered incomplete if the required information is not provided. Please return the completed application and accompanying documents on or before April 1st to:				
Bill & Julia Thomas Charitable Trust				
c/o The Peoples Bank PO Box 307				
Smith Center, KS 66967				
Signatu	ure: Date:			
(Rev. 0	1/15)			