

Application for Scholarship Grant BOYNTON-GILLESPIE MEMORIAL FUND

P.O. Box 245
Sparta, Illinois 62286
Telephone: (618) 443-4430

JOHN F. CLENDENIN
GEORGEANN S. HENDERSON
RICHARD T. REID, SR.
TRUSTEES

DATE _____

Scholarships are available to undergraduate students residing within a radius of 30 miles of the city of Sparta, Illinois. Scholarships are awarded for undergraduate study on basis of merit and need for a one year period, subject to renewal for three additional years if, in the judgement of the Trustees, the applicant is making satisfactory progress toward attainment of the degree sought and if the applicant has complied with all reporting requirements as outlined from time to time by the Trustees. Application must be received by March 1st to be considered for the following academic year. Answer each question fully. If you feel a particular question is not appropriate to your particular circumstances, or if you feel further explanation is necessary, explain fully on a separate sheet. Incomplete applications will not be considered by the Trustees. Please type or print plainly in black or blue ink.

- Ms.
- Mr.

1. Applicant Mrs. _____
(Give name in full)

2. Date of Birth _____ Place of Birth _____

3. Address (Home) _____ County _____

Telephone Number _____

4. Schools attended. Indicate below all schools attended to date. **Transcript of grades must be submitted** to the Trustees before application will be considered.

A. Secondary Schools attended:

Name of School	Graduate Yes or No	Dates of Attendance	H.S. Activities and Honors	Special Interests Outside of School

Indicate your scholarship rank in high school graduating class _____

5. *B. Higher Institutions Attended:*

Name of Institution	Dates of Attendance	Scholastic Average	Activities and Honors	Other Interests

6. Are you now enrolled in a College or University? _____ Name of Institution _____

When do you plan to enroll and where? _____

In what course? _____ When do you plan to graduate? _____

7. Why did you select this school? Explain fully _____

8. What plans have you for business or professional work after graduation? _____

9. Name of Father _____ His age _____ His address _____
His occupation _____
College attended _____ No. of years _____ Graduate? _____
Father's annual gross income from employment (before any deductions) _____ Father's other income _____
10. Name of Mother _____ Her age _____ Her address _____
Her occupation _____
College attended _____ No. of years _____ Graduate? _____
Mother's annual gross income from employment (before any deductions) _____ Mother's other income _____
- Note:** Complete all information requested in paragraphs 9 and 10 or explain in paragraph 28 as to why requested information is not provided.
11. Name, address and relationship of present guardian if a minor and residing other than with parents _____

12. Number of dependents in applicant's family _____ Number of children older than applicant _____ Their ages _____
Are any presently enrolled in college? _____ What college? _____
Number of children younger than applicant _____ Their ages _____
13. How much financial aid during the next year do you expect to receive from your parents or guardian? Explain fully. _____

14. Name any other persons from whom you expect financial aid during the next year (indicate approximate amounts) _____

15. Have you saved any money toward a college education through your own efforts? _____
Are you employed at present? _____ By whom _____
Number of hours worked per week? _____ Salary _____
16. Have you had part or full time employment during summer school vacation periods this year? _____
Or in prior years? _____ What were your earnings from such employment? _____
17. Do you plan to be employed while at the College or University next year? _____ If so, by whom and in what capacity? _____

If not, indicate reasons _____
18. Indicate the approximate total amount of money you will have available from all sources to aid you during each of the next four years at the College or University.
- | | | | |
|----------------------|-------|----------------------|-------|
| 1 st Year | _____ | 2 nd Year | _____ |
| 3 rd Year | _____ | 4 th Year | _____ |
19. What is the minimum amount of additional assistance you will need each year for the next four years?
First Year _____ Second Year _____ Third Year _____ Fourth Year _____
20. Has any member of your family previously received a scholarship or financial assistance? _____
Is anyone in your family currently receiving a scholarship or financial assistance to attend a college or university? _____
Who? _____ Are you now or have you ever received a scholarship? _____
Have you applied for any federal or state assistance and/or other scholarships? _____ If so, where _____
What is the present status of such applications? Explain fully. _____

21. Do you have any outstanding indebtedness? _____ If so, please state amount, name and relationship of creditor, nature of indebtedness and purpose for which incurred. _____

- Are payments due during the coming year? _____ Amount _____

22. Complete the following budget for the forthcoming academic year. First, estimate your expenses in the left columns. Second, estimate the receipts you expect to have to meet your expenses in the right column. Place under "Need to secure to balance budget" the amount you are short.

Expenses	Amount	Receipts	Amount
Tuition and Fees		Savings on hand	
Room and Board		Earnings during school year	
Books and Supplies		Gifts (Parents - Friends)	
Personal		Loans	
Miscellaneous		If working for Board - value per year	
		If working for Room - value per year	
Total Expenses		Total available resources	
		Less total expenses from left column	
		Need to secure to balance budget	

Do you feel the foregoing budget accurately depicts your financial need during each of your remaining academic years prior to graduation? Explain fully. _____

23. Are you single or married? _____ If married, any children? _____

If not married, do you contemplate marriage before you graduate from college? _____

24. Is there any person partially or wholly dependent upon you for support? _____ If so, who and to what extent? _____

25. Do you possess knowledge of any trade or special skill in any remunerative pursuit? _____

Give particulars _____

26. If granted a scholarship, do you agree to use the money only for tuition and fees during the forthcoming academic year? _____

27. Give below the names and addresses of three persons (not relatives) who know you well, stating their occupation.

Name	Address	Occupation
1.		
2.		
3.		

28. If there are circumstances not covered in this form that you wish the trustees of the Boynton-Gillespie Memorial Fund to consider in processing your application, please describe such considerations below. If additional space is required, please attach a separate sheet to your application. Feel free to explain any facts you deem appropriate. _____

29. You must attach a transcript from your high school of graduation and from all institutions of higher education which you have attended to date. If you wish, you may also attach a recent photo or snapshot of yourself.

30. Please state on a separate sheet in two hundred words or less your reasons for entering your chosen field of endeavor.

CERTIFICATION and SIGNATURES

I, the undersigned applicant, hereby certify that for the academic year _____ - _____, I anticipate receiving no funds for tuition, room, board, books or other expenses from any person, firm, or corporation whatsoever except as hereinabove stated. I further certify that the statements and information contained in this application are accurate and true to the best of my knowledge and I agree to furnish such additional information as may hereafter be requested by the Trustees. I understand that **any incomplete information** could result in my not being considered for this scholarship grant. I authorize my graduating high school and any college or university which I have previously attended to release my academic and financial records and all necessary data to the Trustees of the Boynton-Gillespie Memorial Fund for their use in assessing my eligibility for the scholarship assistance herein requested. I further hereby authorize the Trustees of the Boynton-Gillespie Memorial Fund to investigate and/or verify any of the information which I have stated in this application.

At least one parent must sign if applicant is a minor. If signed, parents certify the accuracy of the information provided herein and agree to provide such additional information as may be requested by the Trustees.

Applicant

Applicant's Father

Applicant's Mother