

Application for

**THE WELLS TRUST FUND
MABEL WELLS FISHBACK SCHOLARSHIP**

P.O. Box 400 - Paris Illinois 61944

For School Year 2016-2017

I. ELIGIBILITY

- A. Applicants must be Edgar County residents of a Protestant religious faith enrolled as an undergraduate at one of the following institutions during the coming school year: Eastern Illinois University, Millikin University, University of Illinois or DePauw University.
- B. Awards are for one year only and can be revoked if the recipient engages in any disruptive or coercive act or participates in any non-peaceful demonstration against the authorities or management of the university. Students are not eligible to receive this award more than four (4) times.
- C. Applications for this award for the 2016-2017 school year must be on this form only, filled out in its entirety, signed and mailed to the above address between May 1 and June 1, 2016. **All information must be current as of date of mailing.** In the interest of legibility, we encourage you to use the bank's online PDF editor at www.theprospectbank.com/trust/scholarships.
- D. An **official transcript** of **ALL** college and university grades through the 2015-2016 school year **must** accompany this application. However, if an official transcript of your 2016 spring semester grades is not available at the time you make this application, you are then **required** to submit a spring grade report or internet grade report **in addition to your official transcript**. If the transcript requirement is not complete, your application will not be considered.
- E. Please include the first page of your parents' 2015 Federal Income Tax Return. If you are independent, please provide the first page of your 2015 Federal Income Tax Return. If the tax return requirement is not complete, your application will not be considered.

II. GENERAL INFORMATION

- A. Your Name _____
- B. Address _____
(STREET) (CITY) (STATE) (ZIP) (COUNTY)
- C. Phone _____ Social Security No. _____
- D. Date of Birth _____ Marital Status _____
- E. Name of University _____ Year in School next fall FR ___ SO ___ JR ___ SR ___
- F. Expected Major Course of Study _____ Expected Semester Hours _____
(FALL) (SPRING)
- G. Current GPA (confirmed by attached transcript of grades) _____
- H. 1. Do you reside in Edgar County? YES ___ NO ___
2. Are you a Protestant? YES ___ NO ___
3. Is it your intent to use the funds awarded by this committee for the purpose and intent of graduating from the school to which you have been admitted? YES ___ NO ___
4. Do you consider attending college an opportunity? YES ___ NO ___
5. Do you acknowledge that, if you accept a grant from this committee, all financial assistance will be revoked if you willingly engage in any disruptive or coercive act or participate in any non-peaceful demonstration against the authorities or management of the college or university you are attending? YES ___ NO ___

I. List three (3) personal references and one (1) bank, business or credit reference:

Name

Address

Phone

III. FINANCIAL NEED

A. Itemize your estimated expenses:	Fall Semester	Spring Semester
Tuition	\$	\$
Room	\$	\$
Board	\$	\$
Books	\$	\$
Fees and Supplies	\$	\$
B. Total estimated educational expense:	\$	\$

A. If there are any unusual expenses, please attach an explanation.

B. Will you be working this summer? **YES** ___ **NO** ___

1. Where? _____

2. Expected gross earnings \$ _____

C. Will you be working while in college? **YES** ___ **NO** ___

1. Where? _____

2. Expected gross earnings \$ _____

D. Parent, Guardian or Spouse Financial Information

(REQUIRED – please include the first page of the 2015 Federal Income Tax Return(s))

1. Head of Household taxable income as shown on the 2015 Form 1040: \$ _____

2. Place of employment _____

3. Head of household's relationship to applicant _____

4. Other taxable income as shown on the 2015 Form 1040: \$ _____

a. By whom received _____

b. Their place of employment _____

5. Number of dependent children in family (including applicant): _____ Ages: _____

Number in high school this Fall _____

Number in college this Fall (including applicant) _____

E. Other Information:

1. Amount of parent, guardian, and/or spouse contribution to your educational expenses for the upcoming year:	\$
2. Amount you will contribute:	\$
3. Other scholarships, grants, loans, gifts or financial assistance you will have. Be specific. List contributor and amount.	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
4. TOTAL RESOURCES (add 1, 2, and 3):	\$
5. TOTAL EXPENSES FOR THE SCHOOL YEAR (both semesters):	\$
6. SCHOLARSHIP AMOUNT YOU ARE APPLYING FOR:	\$

F. Have you been a recipient of this scholarship in the past? **YES**_____ **NO**_____

1. If yes, when? _____

2. How much? _____

I hereby certify that the information herein provided is true and correct to the best of my knowledge and belief.

DATED: _____
Applicant's signature

NOTE: If you feel that any of the information provided in this application does not adequately reflect your present status, attach an explanation.

PARENT/GUARDIAN VERIFICATION

I certify that the Parent or Guardian financial information set forth above is true and correct.

DATED: _____
Parent or Guardian

Address