

APPLICATION FOR GRANT
ANDERSON FAMILY SCHOLARSHIP TRUST

*Compile all materials and submit in one envelope to DeWitt Bank & Trust Co.,
ATTN: Anderson Family Scholarship Trust PO Box 260, DeWitt, IA 52742 by the
deadline date for filing of grant application: March 1.*

Full Name _____

Address _____

Social Security Number _____

Telephone Number _____

Date of Birth _____

Parent(s) or Legal Guardian _____

Year Graduated and School Graduated from

Father's Occupation _____

Father's Employer _____

Mother's Occupation _____

Mother's Employer _____

Family Income based on Adjusted Gross Income as shown on current year Federal
Income Tax Return: (Check which box applies)

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$150,000
- \$150,001-\$200,000
- Over \$200,000

List any financial assistance you will receive or anticipate receiving such as scholarships or grants:

If you were employed, complete the following:

Employer _____

Type of Work _____

Length of Time _____

Employer _____

Type of Work _____

Length of Time _____

Employer _____

Type of Work _____

Length of Time _____

Grade point average as of the end of the 7th semester _____

Composite ACT Score _____

Rank in Class _____

List your participation in extra-curricular activities:

List your honors and awards:

Learning institutions you have applied to:

Institution	Acceptance	Tuition/Room/Board
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Brothers and sisters attending college, university or technical school:

Name _____

Age _____

School Name _____

Annual Cost _____

Financial Assistance Received _____

Tuition/Room/Board _____

Name _____

Age _____

School Name _____

Annual Cost _____

Financial Assistance Received _____

Tuition/Room/Board _____

Name _____

Age _____

School Name _____

Annual Cost _____

Financial Assistance Received _____

Tuition/Room/Board _____

Attach a statement explaining why you want to pursue post secondary education.

Attach a transcript showing courses taken and grades obtained during your sophomore, junior and first semester of senior years.

The purpose of the ANDERSON FAMILY SCHOLARSHIP TRUST is to provide financial assistance to deserving young people in pursuit of higher education.

Attach a statement explaining why you feel you fit this category.

Within one double spaced page, **describe your contributions** in the areas of service and leadership during your high school years.

Attach at least three letters of reference - from current or former employers, and/or teachers. In addition to these letters, if you are a member of a religious faith, **attach a letter of recommendation from your Priest, Minister or Pastor.**

Please describe any hardships or circumstances that prohibited you from obtaining the grade point average that you strived for.

I hereby authorize the High School I presently attend to provide the Advisory Committee of the Anderson Family Scholarship Trust with such information may request that are contained in such School's permanent records including, but not limited to, standardized test results.

Signature of Parent/Guardian

Signature of Applicant

Date: _____

Date: _____