

The Bill and Julia Thomas Charitable Trust Scholarship Application - Post Graduate

Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Birth Date: _____

Social Security Number: _____

Please check the section or sections listed below that apply to you:

- I am a resident of Smith County, Kansas. (Required for scholarship eligibility)
- I will or am attending a college or university for an associate, undergraduate or master's degree.
- I will or am attending a vocational school.
- I plan to attend or am attending a medical school and upon the completion of said course of study intend to practice medicine in Smith County.

High School Attended: _____ Year of High School Graduation: _____

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 on scholastic merit, citizenship and other factors. The second category adds financial need as a selection criteria for receiving a scholarship.

Please indicate if you want to be considered for a scholarship based on financial need:

- Yes, I would like my application to be considered for the financial need category.
- No, I do not want to be considered for the financial need category.

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

Signature: _____ Date: _____

(Rev. 01/15)