DEADLINE: JUNE 1

Attn: Lori Boyer The Commerce Trust Company Commerce Bank P.O. Box 1119 St. Joseph, MO 64502

JOHN E. KIRSCHNER SCHOLARSHIP FUND ORIGINAL SCHOLARSHIP APPLICATION

(Must have and maintain GPA of 2.5 on a scale of 4.0)

1.	Applicant:						
		Last	First		Middle		
	Address:	Address:					
		Street	City	St	tate Z	ip	
		Home Phone Social See Date of B	e: curity No irth:				
2.		school you atte		H-AMAMA AMAMA			
		City	requirement was many resembled which devices help deal and devices date, date deal of the desired Helphanes Web	State	Z	ip	
	Date	of Graduation:			THE ADMINISTRATION THE MINISTRATION TO THE MINISTRATION T		
3.	Grade Poin Class Rank	it:	Based on # in Class	Po	oint Syste	ını	
4.	College yo	ou plan to atte	nd:		NAMES AND ASSESSMENT OF THE PARTY OF THE PAR		
5.	Estimate o	of school costs	PER YEAR.	\$	PIES)		
		Books: Room/Board (On Scholastic Fee Other (Specify	s (Please Li	\$ \$ _st): \$ \$			
6.	Amount rec	quested \$		for school	year.		

	se currently in col.	5	
	Cumulative GPA: Semesters Complete Semesters anticipe	ed: ated to complete degr	ree:
What	educational objec	tive do you have:	
	Bachelor's Degree Master's Degree Doctorate		
Cou	rse of Study:		
Inc	lude a high school	as references. Ex administrator and/c tion Form attached.)	
	Name	Address	Occupation
Oth			
How	er scholarships awa	rded: or your education (
How	er scholarships awa	rded: or your education (ar amounts):	check as many as
How app.	are you paying f ly and include doll Grants/Scholarshi Part-Time Job Work Study Family Assistance Other	rded: or your education (ar amounts): ps the Congregation of	check as many as

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JOHN E. KIRSCHNER EDUCATIONAL FUND

Activity/Organization	# of	Years	Resp	oonsibili
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Activity/Organization		Re	esponsik	oility
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CONFIDENTIAL

Parent's Income: (If independent, state your own current income and spouse if applicable.) Father or Male Guardian: Mother or Female Guardian: Employer: Employer: Position: Position: # of Years: # of Years:
Annual Income: \$ Annual Income: \$ Annual Income: \$_____ List all children, including self: Finan-Present School Tax cial or Occupation Dependent Aid Name Age Are you receiving financial assistance for your education from any other source? Yes _____ No ____ If yes, explain: ** ATTACH AN ORIGINAL COLLEGE OR HIGH SCHOOL TRANSCRIPT OF GRADES (If graduation senior, attach high school transcript or, if attending college, attach college transcript) I verify the information on this application is accurate.

Signature of Applicant

Date:

JOHN E. KIRSCHNER SCHOLARSHIP FUND St. Joseph, Missouri

NOMINATION FORM

Student's Name:			r draw Martin Martin Martin Martin order party or proper or proper or party or party or proper party or party
Student's Address:	City: Phone:	State:	Zip:
Nominating Person: Address:	City:	State:	Zip:
C 1 4- 17 1		Character and	Zip:
Classification:	**************************************	Freshman Sophomore Junior Senior Graduate Student	
		be considered for ollowing reasons: (
Signature of Nomina Date:	ating Person _	Modern Company (1997)	NATIONAL PROPERTY OF THE PROPE

JOHN E. KIRSCHNER SCHOLARSHIP FUND St. Joseph, Missouri

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Student's Address:			
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Nominating Person:			
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Signature of Nomina Date:	ting Person _	Make the second control of the second contro	

JOHN E. KIRSCHNER SCHOLARSHIP FUND St. Joseph, Missouri

NOMINATION FORM

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Student's Address:				
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Kirschner Scholarship for t	bo following me	iered i	or the Joi	m ki.
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Signature of Nominating Pers	s CND			
Date.	/ New J. J.			