

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: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. List high school you attended:

School Name: \_\_\_\_\_

City State Zip

Date of Graduation: \_\_\_\_\_

3. Grade Point: \_\_\_\_\_ Based on \_\_\_\_\_ Point System

Class Rank: \_\_\_\_\_ # in Class \_\_\_\_\_

4. College you plan to attend: \_\_\_\_\_

5. Estimate of school costs **PER YEAR.** (ATTACH COPIES)

Tuition: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Room/Board (On Campus): \$ \_\_\_\_\_

Scholastic Fees (Please List): \$ \_\_\_\_\_

Other (Specify): \$ \_\_\_\_\_

6. Amount requested \$ \_\_\_\_\_ for school year.

7. Those currently in college:

Cumulative GPA: \_\_\_\_\_  
Semesters Completed: \_\_\_\_\_  
Semesters anticipated to complete degree: \_\_\_\_\_

8. What educational objective do you have:

Bachelor's Degree \_\_\_\_\_  
Master's Degree \_\_\_\_\_  
Doctorate \_\_\_\_\_

9. Course of Study: \_\_\_\_\_  
\_\_\_\_\_

10. List three persons as references. Exclude relatives. Include a high school administrator and/or teacher. (Have each complete a Nomination Form attached.)

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Other scholarships awarded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How are you paying for your education (check as many as apply and include dollar amounts):

Grants/Scholarships	_____	\$ _____
Part-Time Job	_____	\$ _____
Work Study	_____	\$ _____
Family Assistance	_____	\$ _____
Other	_____	\$ _____

13. Are **YOU** a member of the Congregation of the Zion United Church of Christ? \_\_\_\_\_

14. Are there any other conditions or factors you would like the committee to consider? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## JOHN E. KIRSCHNER EDUCATIONAL FUND

- I. **SCHOOL ACTIVITIES:** List school activities, organizations, clubs in which you have participated, office held and number of years in membership.

<u>Activity/Organization</u>	<u># of Years</u>	<u>Responsibility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- II. **COMMUNITY ACTIVITIES/VOLUNTEER WORK:** List community activities and volunteer work in which you have participated, what length of time you served.

<u>Activity/Organization</u>	<u>Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- III. **SPECIAL RECOGNITION OR HONORS:** Name any special achievements for which you have been singled out (Honor Society, talent displays, 4-H, scouting, athletic achievements, etc.)

_____
_____
_____
_____

- IV. **EMPLOYMENT EXPERIENCES:** List any summer, part-time employment. Include number of hours customarily worked.

Place: _____	Hours Worked: _____
Place: _____	Hours Worked: _____
Place: _____	Hours Worked: _____

- V. **LEISURE TIME ACTIVITIES, INTERESTS AND HOBBIES:**

_____
_____
_____
_____

**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: \$ \_\_\_\_\_

List all children, including self:

<u>Name</u>	<u>Age</u>	<u>Present School or Occupation</u>	<u>Tax Dependent</u>	<u>Finan- cial Aid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Nominating Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Classification: \_\_\_\_\_ Freshman  
\_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Senior  
\_\_\_\_\_ Graduate Student

**NOMINATION**

I believe this student should be considered for the **John E. Kirschner Scholarship** for the following reasons: (Please type or print in ink.)

Signature of Nominating Person \_\_\_\_\_  
Date: \_\_\_\_\_

**JOHN E. KIRSCHNER SCHOLARSHIP FUND**  
**St. Joseph, Missouri**

**NOMINATION FORM**

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Nominating Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Classification: \_\_\_\_\_ Freshman  
\_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Senior  
\_\_\_\_\_ Graduate Student

**NOMINATION**

I believe this student should be considered for the **John E. Kirschner Scholarship** for the following reasons: (Please type or print in ink.)

Signature of Nominating Person \_\_\_\_\_  
Date: \_\_\_\_\_

JOHN E. KIRSCHNER SCHOLARSHIP FUND  
St. Joseph, Missouri

NOMINATION FORM

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Nominating Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

College: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Classification: \_\_\_\_\_ Freshman  
\_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Senior  
\_\_\_\_\_ Graduate Student

NOMINATION

I believe this student should be considered for the **John E. Kirschner Scholarship** for the following reasons: (Please type or print in ink.)

Signature of Nominating Person \_\_\_\_\_  
Date: \_\_\_\_\_