

# CECILE STEVEN EDUCATIONAL TRUST

## ORIGINAL APPLICATION

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**INSTRUCTIONS:** Applications **MUST** be completed and postmarked by **MARCH 15**. All information **MUST** be typed or printed on this applications form only ...applications will not be considered eligible if there are any attached sheets. Limit all information on application to Grades 9 - 12 only. (**NOTE: You may use the back of the application if you require additional space.**) Please mail completed application to: The Commerce Trust Company ATTN: Lori Boyer, P.O. Box 1119, St. Joseph, MO 64502.

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APPLICANT NAME (Last/First/Middle) \_\_\_\_\_ M ( ) F ( )

Home Address (Street/City/State/Zip) \_\_\_\_\_

Are you a resident of Andrew or Buchanan County ? \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**NAME & ADDRESS OF HIGH SCHOOL** \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Ages \_\_\_\_\_

Number of Children Enrolled in College. **Including Applicant** \_\_\_\_\_ Ages \_\_\_\_\_

If Parents Are Divorced, Which Parent Does Applicant Live With \_\_\_\_\_

How Many Children Live With Custodial Parent \_\_\_\_\_ Ages \_\_\_\_\_

Name of School Counselor \_\_\_\_\_

Name of Reference if written by Other Than School Counselor \_\_\_\_\_

Name & Address of College You Plan To Attend \_\_\_\_\_

Course of Study or Vocation You Plan To Pursue \_\_\_\_\_

**COUNSELOR'S SIGNATURE MUST APPEAR ON PAGE 7**

**NOTE: YOU MUST ATTACH IRS FORM 1040 FOR BOTH APPLICANT (IF APPLICANT FILED A RETURN) AND PARENTS FOR THE CURRENT AND THE PREVIOUS TAX YEARS.**

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**I - We further verify that the enclosed information on this application is accurate. Any irregularity or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all financial aid provided by the Trustees and the trust may seek reimbursement of funds previously distributed.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**APPLICANT NUMBER** \_\_\_\_\_

(To be completed by Trustees)

# CECILE STEVEN EDUCATIONAL TRUST

**TO BE COMPLETED BY APPLICANT:**

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(NOTE: You may use the back of the application if you require additional space.)

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

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ACTIVITY, ORGANIZATION	GRADE LEVEL	NO. OF YEARS	RESPONSIBILITY
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**II. COMMUNITY ACTIVITIES/VOLUNTEER WORK** - List community activities and volunteer work in which you have participated, what length of time you served.

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ACTIVITY, ORGANIZATION, CLUB	GRADE LEVEL	RESPONSIBILITY
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# CECILE STEVEN EDUCATIONAL TRUST

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**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.)

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

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

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# CECILE STEVEN EDUCATIONAL TRUST

## PARENTS FINANCIAL DATA

**PARENTS NAME ( Last/First/Middle)** \_\_\_\_\_

ASSETS (Fair Market Value)		LIABILITIES		
		Debts Owed	To:	Amount
Cash - Accounts - Savings	\$	Home		\$
Value of Stock - Securities	\$	Autos-Vehicles		\$
Notes Receivable	\$	Personal Loans		\$
Home	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Autos-Vehicles	\$	Other (please specify)		
Equipment	\$	1.		\$
Livestock	\$	2.		\$
Stored Crops	\$	3.		\$
Other Assets	\$	4.		\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>		<b>\$</b>
<b>NET WORTH (Subtract Liabilities from Assets)</b>				<b>\$</b>

	Parent Previous Years Income	Parents Current Years Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support Being Paid for Applicant	\$	\$
<b>Total Adjusted Gross Income</b>	<b>\$</b>	<b>\$</b>

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**PARENTS MUST COMPLETE THIS PAGE AND SIGN** \_\_\_\_\_  
 \_\_\_\_\_

# CECILE STEVEN EDUCATIONAL TRUST

## APPLICANT FINANCIAL DATA

APPLICANT NAME (Last/First/Middle) \_\_\_\_\_

ASSETS (Fair Market Value)		LIABILITIES		
		Debts Owed	To:	Amount
Cash - Accounts – Savings	\$	Autos-Vehicles		\$
Value of Stock - Securities	\$	Personal Loans		\$
Notes Receivable	\$	Credit Cards		\$
Home	\$	Taxes Owed		\$
Land-Farm	\$	Other (please specify)		
Autos-Vehicles	\$	1.		\$
Equipment	\$	2.		\$
Livestock	\$	3.		\$
Stored Crops	\$	4.		\$
Other Assets	\$	5.		\$
Total Assets	\$	Total Liabilities		\$
NET WORTH (Subtract Liabilities from Assets)				\$

	Student Previous Years Income	Student Current Years Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support Being Paid for Applicant	\$	\$
Total Adjusted Gross Income	\$	\$

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## FINANCIAL NEED WORKSHEET

Name of Your College \_\_\_\_\_

Your Expenses

- |   |    |  |
|---|----|--|
| 1. Tuition                                  | \$ |  |
| 2. Room and Meals                           | \$ |  |
| 3. Books and Supplies                       | \$ |  |
| 4. Personal, Travel, Recreation and Clothes | \$ |  |
| 5. TOTAL                                    | \$ |  |

**LESS**

- |   |    |  |
|---|----|--|
| 6. Parental Contribution  | \$ |  |
| 7. Student Contribution   | \$ |  |
| 8. Other Aid, Grants or Scholarships Awarded<br>(Explain Below) | \$ |  |
| 9. TOTAL of Lines 6, 7 and 8                                    | \$ |  |
| 10. Balance Needed ( Deduct Line 9 from Line 5)                 | \$ |  |

List all aid, grants, scholarships, and work study amount.

	<u>Amount per Year</u>	R e n e w a b l e	N o n - R e n e w a b l e
1. _____		<input type="checkbox"/>	<input type="checkbox"/>
2. _____		<input type="checkbox"/>	<input type="checkbox"/>
3. _____		<input type="checkbox"/>	<input type="checkbox"/>
4. _____		<input type="checkbox"/>	<input type="checkbox"/>
5. _____		<input type="checkbox"/>	<input type="checkbox"/>
6. _____		<input type="checkbox"/>	<input type="checkbox"/>
7. _____		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL			

List all Loans

	<u>Amount Per Year</u>
1. _____	
2. _____	
3. _____	
4. _____	
TOTAL	



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## COUNSELOR/SCHOOL REFERENCE (Coach, Teacher, Principal)

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All information given is confidential. Please include such things as length of time you've known the student and in what capacity, leadership skills witnessed and relationship with peers and adults.

**PLEASE NOTE:** Please return to applicant's counselor when completed.

Name of Student: \_\_\_\_\_

Your Position: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Your Signature