

## Hester Trust

This is a need based/limited resources scholarship or loan for students with some farm based income that reside in Vernon or Cedar Counties, Missouri. Applicants must rank in the top 25% of their graduating class and plan to major in the trust's preferred fields of study. Application deadline is June 15<sup>th</sup>.

PLEASE PRINT OR TYPE

APPLICATION AND INFORMATION FOR  
SCHOLARSHIP OR LOAN TO LEONARD W. HESTER  
AND HELEN L. HESTER STUDENT MEMORIAL TRUST

Information to be supplied by applicant:

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Counselor's Name \_\_\_\_\_

The undersigned hereby applies for consideration for:

|                     | (June app.)<br>FALL 20__ | SPRING 20__ | (January app.)<br>SUMMER 20__ |
|---------------------|--------------------------|-------------|-------------------------------|
| Scholarship         | \$ _____                 | \$ _____    | \$ _____                      |
| 4% Student Loan *   | \$ _____                 | \$ _____    | \$ _____                      |
| Scholarship or Loan | \$ _____                 | \$ _____    | \$ _____                      |

\* Scholarships are not subject to repayment. Loan repayment is required under the trust condition, upon termination of eligibility or interruption of course or regular study. If the student successfully completes the course of study, loan repayment must begin within three years of graduation and be completed ten years thereafter.

Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Student's Signature

ANTICIPATED EXPENSES

This request is made to further my secondary education. I (will attend) or (I am) attending the following college:

I understand that my need, to determine the amount and duration of the scholarship or the amount of the loan, is subject to the discretion of the Trustees. In that regard

Est. Expenses per Semester:

|                  |          |
|------------------|----------|
| Tuition & Fees   | \$ _____ |
| Books & Supplies | \$ _____ |
| Room & Board     | \$ _____ |
| Clothing         | \$ _____ |
| Auto (if needed) |          |
| Maintenance      | \$ _____ |
| Insurance        | \$ _____ |
| Gasoline         | \$ _____ |
| Recreation       | \$ _____ |
| Medical/Dental   | \$ _____ |
| Incidentals      | \$ _____ |
| <b>TOTAL</b>     | \$ _____ |

Est. Resources per Semester:

|                      |          |
|----------------------|----------|
| College Fund Savings | \$ _____ |
| Family Contributions | \$ _____ |
| Part-time job        | \$ _____ |
| Grants               | \$ _____ |
| Student Loans        | \$ _____ |
| Scholarships         | \$ _____ |
| Veterans Benefits    | \$ _____ |
| <b>TOTAL</b>         | \$ _____ |

I request \$ \_\_\_\_\_ in assistance **PER SEMESTER**.

Field of Study

I understand that scholarships are restricted to certain fields of study and have indicated below the course of study I intend to pursue, in applying for a scholarship:

|       |                               |       |                                 |
|-------|-------------------------------|-------|---------------------------------|
| _____ | Doctor of Medicine            | _____ | Doctor of Osteopathic Medicine  |
| _____ | Dentist                       | _____ | Doctor of Chiropractic Medicine |
| _____ | Doctor of Veterinary Medicine | _____ | Registered Nurse                |
| _____ | Licensed Practical Nurse      | _____ | Teacher                         |
| _____ | Minister                      | _____ | Missionary                      |

Student's Signature: \_\_\_\_\_

**QUALIFICATIONS**  
Residence

The Hester Trust considers only applicants from farm families in Vernon and Cedar Counties, Missouri.

I certify that I am a member of the farm family and household of:

\_\_\_\_\_ who reside at  
\_\_\_\_\_ City \_\_\_\_\_  
which is located in \_\_\_\_\_ County, Missouri.

GPA – REQUIRED FOR SCHOLARSHIPS

I understand that to qualify for a scholarship I must be in the upper one-fourth of my high school graduating class and to maintain qualification for the scholarship, I must maintain a minimum "B" average or equivalent in my post secondary work, computed at the end of each semester.

In applying for a scholarship, I certify that my high school class standing is in the upper one-fourth of my class, specifically \_\_\_\_\_ out of \_\_\_\_\_ students, as verified by the certificate of my high school counselor, which is attached.

I understand that to continue to qualify for a scholarship I must attend full time and carry the number of hours and courses regarded by the educational institution as a full load.

VERIFICATION

I agree to provide the scholarship committee with verification of my academic progress, full time attendance, my academic load, continuation of the course of study for which my scholarship is granted and the necessary **complete federal tax returns**.

Student's Signature: \_\_\_\_\_

**INFORMATION TO BE SUPPLIED BY APPLICANT'S COUNSELOR**

I. ACT Composite Score \_\_\_\_\_  
SAT Composite Score \_\_\_\_\_  
Graduate or Professional School Entrance Exam:  
\_\_\_\_\_ Score \_\_\_\_\_

II. (If college hours or AP classes have been completed.)  
Student Cumulative GPA \_\_\_\_\_  
Institution Attended \_\_\_\_\_

III. Please list student's grades for last two terms attended. If student is enrolled in college, please attach transcript for previous semester and mark chart below "see attached."

| <b>Last Semester Junior Year</b> | <b>Grade</b> | <b>First Semester Senior Year</b> | <b>Grade</b> |
|----------------------------------|--------------|-----------------------------------|--------------|
| _____                            | _____        | _____                             | _____        |
| _____                            | _____        | _____                             | _____        |
| _____                            | _____        | _____                             | _____        |
| _____                            | _____        | _____                             | _____        |
| _____                            | _____        | _____                             | _____        |

IV. Class standing at Graduation: \_\_\_\_\_ out of \_\_\_\_\_ students

V. Recommendation by counselor:

Counselor's signature \_\_\_\_\_

The trustees must determine whether a candidate has a desire for and academic ability to pursue a post secondary education and determine if said candidate lacks sufficient funds and is willing to earn part of educational finances. You may submit any evidence or explanation of your circumstances that you deem appropriate. You may attach exhibits, letters of recommendation and any other information you wish the trustees to consider. The following information will assist the trustees in discharging their obligations under the trust document.

CITIZENSHIP: (Community involvement.. ... clubs, church, organizations, or charity)

LEADERSHIP: (Positions in school, community, student government, clubs, etc.)

EXTRA-CURRICULAR ACTIVITIES: (Debate, music, athletics, etc.)

FAMILY: (Number of dependent brothers & sisters living at home, list ages and year in school. Explain any unusual circumstances.)

Student's Signature \_\_\_\_\_

WORK HISTORY: (Are you employed and how many hours per week? What work responsibility do you have at home?)

ANTICIPATED WORK AND EARNINGS: (How do you intend to earn a portion of your educational finances? Will you work while attending school? Type of job and hours?)

OTHER CIRCUMSTANCES: (The trustees are interested in any relevant information you care to submit which might promote favorable consideration of your application.)

PARENTS:

Married/living together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Please explain parental situation sufficiently to enable trustees to understand if you have a reasonable prospect of financial aid from a parent. If you have a guardian, please state name and funds available in the guardianship.

Student's Signature \_\_\_\_\_ Parent(s) or Guardian's Signature \_\_\_\_\_

Since the Hester Student Memorial Trust is **need-based** you must attach to this application the **complete federal tax returns** for yourself and your parents. **Electronic filings do not give the information we need...enclose the complete return.** Trustees consider the student's income and assets as well as the student's parents' ability to provide financial assistance. The following information is needed in addition to the complete federal tax returns. **All information will be treated with confidentiality.**

INCOME, EARNINGS AND EXPENSES

(This does not take the place of tax returns .... they are also required.)

|  | STUDENT<br>(& SPOUSE) | PARENTS<br>OF STUDENT |
|--|-----------------------|-----------------------|
| 1. Gross income reported on Form W-2   | _____                 | _____                 |
| 2. Adjusted gross income from tax return                                       | _____                 | _____                 |
| 3. Federal tax paid from tax return  | _____                 | _____                 |
| 4. Child support you pay   | _____                 | _____                 |
| 5. Child support you receive   | _____                 | _____                 |
| 6. Funds you provide for the support or education of others<br>(explain below) | _____                 | _____                 |
| 7. Scholarships or aid received from other sources                             | _____                 | _____                 |

ASSETS AND INDEBTEDNESS

|  |       |       |
|--|-------|-------|
| 1. Cash, savings and checking accounts   | _____ | _____ |
| 2. Real estate and investment values (Do not include home, farm<br>or business assets) | _____ | _____ |
| 3. Real estate and investment debt (Do not include home, farm<br>or business assets)   | _____ | _____ |



ASSETS AND INDEBTEDNESS (continued)

- |   |       |       |
|---|-------|-------|
| 4. Value of farm assets (land, machinery, equipment, livestock, etc.) | _____ | _____ |
| 5. Farm debt (land, machinery, etc.)                                  | _____ | _____ |
| 6. Value of business assets (machinery, equipment and inventories)    | _____ | _____ |
| 7. Business debt (machinery, equipment, etc.)                         | _____ | _____ |
| 8. Other assets   | _____ | _____ |
| 9. Other indebtedness   | _____ | _____ |

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent(s) Signature

All applicants will receive a letter of acceptance or rejection. **If awarded a summer scholarship, check will be forwarded upon receipt of your SPRING transcript. MAKE A COPY OF COMPLETED APPLICATION** and keep it in your possession in case a trustee needs to call you regarding it. Trustees meet twice a year to consider applications. **DEADLINE FOR SPRING AND SUMMER SEMESTER APPLICATIONS IS JANUARY 5. APPLICATION MUST BE RECEIVED OR POSTMARKED BY JANUARY 5.**

**DEADLINE FOR FALL SEMESTER APPLICATIONS IS JUNE 15 AND MUST BE RECEIVED OR POSTMARKED BY JUNE 15.**

Mail completed application, appropriate federal tax returns and transcript of grades to:

McCaffree, Landoll & Slaby  
P.O. Box 244  
Attention: Hester Scholarship Secretary  
Nevada, MO 64772

Current Date: \_\_\_\_\_