

**EDDIE CARPENTER**  
ATTORNEY-AT-LAW  
305 WEST STATE ST. • P. O. BOX 871  
JACKSONVILLE, ILLINOIS 62651  
(217) 245-7015  
FAX (217) 243-7725

November 29, 2017

Mr. Nick Roscetti  
Routt Catholic High School  
500 East College  
Jacksonville, IL 62650

Mr. Eugene Link  
Routt Catholic High School  
500 East College  
Jacksonville, IL 62650

Gentlemen:

I write at this time to remind you of the availability of a scholarship from the Harry G. Story Testamentary Trust. The scholarship funds are available to certain persons pursuing degrees in agriculture or law. Enclosed are the application form and the program description, showing recipient criteria. Please make the availability of this scholarship known to seniors at your school, as well as to any of your graduates who are presently in college or law school and who would qualify for assistance.

The scholarship applications must be sent to the address shown in the application, postmarked no later than February 1, 2018.

If you have any questions, please feel free to contact me.

Very truly yours,



EDDIE CARPENTER

EC:dld  
Enclosures

# HARRY G. STORY TRUST SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 1, 2018

FOR  
SCHOLARSHIP  
AMERICA ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT  
DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

Have you been a resident of Morgan County, Illinois or Scott County, Illinois for at least ten years?  Yes  No

Please indicate your status.  Male  Female

American Indian/Alaska Native

Black/African American

Multi-Racial

White

Asian

Hispanic/Latino

Native Hawaiian/Pacific Islander

PARENT  
OR  
GUARDIAN  
INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

HIGH  
SCHOOL  
DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-  
SECONDARY  
SCHOOL  
DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
Use official school names. Do not use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University  Other, explain \_\_\_\_\_

Year in school next year: 1 2 3 4 5 6

Major or course of study:  Agriculture-Undergraduate level  Pre-law -Undergraduate level  Juris Doctor Degree

Other, explain \_\_\_\_\_

Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Student will:  live on campus  live off campus  commute from home

If school choice is a public institution, applicant will pay:  in-state resident tuition  out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years**. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

---



---



---

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

---



---



---

**FINANCIAL DATA (REQUIRED)**

If you are a dependent student, please have your parent/guardian complete this section. If you are independent, information about you and your spouse (if applicable) must be included. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax returns (2014). **To be considered for an award, this section must be filled out completely.**

- I am a dependent student. The data below represents my parents' finances.
- I am an independent student. The data below represents my finances.

<p>1. State of Residence .....</p> <p>2. Adjusted Gross Income (FORM 1040) ..... \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) ..... \$ _____ (Not the amount withheld from paychecks)</p> <p>4. Total Income of Father (Self) ..... \$ _____ Total Income of Mother (Spouse)..... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other ..... \$ _____</p> <p>Adjusted Gross Income for 2015 ..... \$ _____</p>	<p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..... \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent, guardian or self: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____</p> <p>Adjusted Gross Income for 2016 ..... \$ _____</p>
---	--

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____ /4.0 scale	Unweighted: _____ /4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Harry G. Story Trust Scholarship Program**  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

**Postmark deadline February 1, 2018**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify that I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is dependent)

## INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by parents, guardians, *or* by the applicant if independent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

1. **State of Residence** is the state where the parents and/or (independent) applicant reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually for both parents if applicant is a dependent student, or by the applicant if independent. If applying as a dependent student, provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household** and primarily supported by the reported income may include:
  - the applicant
  - the applicant's parents (or spouse if student is independent)
  - other children living in the household
  - dependent college students living away from home
  - other people who live in the household and receive more than half of their support from the reported incomeIndependent students should only report those individuals who are supported by the reported income.
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.

2018  
Harry G. Story Trust Scholarship Program  
Program Description

## THE PROGRAM

The program will be called the Harry G. Story Trust Scholarship Program.

The sponsor will be Harry G. Story Trust.

## ELIGIBILITIES

Applicants must: be -

- High school seniors or graduates or graduate level students who plan to enroll or who are already enrolled in a full-time undergraduate or graduate course of study at an accredited four-year college or university.
- Undergraduate students pursuing a Bachelor of Science degree in agriculture, Bachelor of Science or Bachelor of Arts in pre-law (LLB), or a graduate student pursuing a Juris Doctor Degree.
- Caucasian males.
- A high school senior in the top twenty-five (25) percent of his class or an undergraduate maintaining a college GPA of 3.0 on a 4.0 scale.
- A resident of Morgan County, Illinois, or Scott County, Illinois, for at least ten (10) years prior to application deadline.

## AWARDS

The program will utilize standard Scholarship America recipient selection procedures including the consideration of past academic performance and future potential, leadership and participation in school and community activities, work experience, statement of career and educational aspirations and goals, unusual personal or family circumstances and an outside appraisal.

Financial need will be considered in determining the amount of each award. Preference will be given to applicants with parents whose combined taxable income in each of the two (2) previous years is not more than 125% of the poverty level for Morgan County, Illinois. However, candidates not meeting this criterion may still qualify for assistance.