

## **WILLIAM H & HELEN L NELSON SCHOLARSHIP FUND**

### **For Students from Marion and Baxter Counties who wish to pursue LPN or RN Degrees.**

Each student, or "Applicant," applying for a scholarship for a specific school year shall submit an application on the form provided by the Trustee and must be received by the Trustee **no later than June 15th and December 15th.** (2 opportunities)

Persons selected to receive scholarships, or "Recipients," shall be selected by the Scholarship Committee **based on student's financial need.** The number of scholarships and the amount of each scholarship will be determined by the Trustee. In selecting students to receive scholarships, the Scholarship Committee shall not discriminate on the basis of race, gender, religion or national origin. The application shall contain sufficient information to enable the Committee to make a determination of the student's financial need.

### **REQUIRED INFORMATION**

- ✓ **A current official high school or college transcript or where applicable, college entrance test scores**
- ✓ **A written personal statement as to why you should be selected to receive this scholarship**
- ✓ **Minimum of 3 Character Reference letters from school counselor or teacher**
- ✓ **Most recent Federal Income Tax Return\***

\*Financial need is evaluated by submitting to the Committee the Applicant's and, if the Applicant is claimed as a dependent by another person or persons, such person's most recent Federal Individual Income Tax Return (Form 1040).

**Once the student is admitted to a College or Training Program, the Applicant must submit the following to the Trustee:**

- ✓ **Proof of admission (i.e. class schedule and Student ID)**
- ✓ **Documentation of educational cost at the school**

Recipients will be notified with an official award letter. The scholarship must be used for the school term it was awarded. By acceptance of this scholarship, recipients agree to utilize the funds for educational purposes and to comply with the terms and conditions of the programs as set out by the Trustee.

The committee will determine the minimum requirements required to receive a scholarship. **In addition to the Tax Return, the applicant will be judged by the character reference letters, along with information provided on the application.**

## SCHOLARSHIP AMOUNTS

Payments will be made up to the amount of the scholarship awarded to a student for a particular school term. Scholarships may pay for tuition, required books, and special fees for courses. No portion of an award may be used to pay any fee for dropped classes, parking permits or any other penalty fee of the Recipient. The amount of each scholarship awarded for these permitted educational expenses normally shall be limited to the amounts for such expenses charged by the college or learning facility. Please note all expenses will be paid within the limits of their individual scholarship amounts.

## PAYMENT PROCEDURES

The Trustee will make scholarship payments directly to the College or Trade School of choice.

**Please provide sufficient information such as student ID number or other identifying account information so your award will be correctly credited to your account.** Along with each check, the Trustee will send to the school a letter explaining that any refunds due to dropped classes or terminated enrollment will be paid to the Trust and not to the Recipient.

**Scholarships are awarded for one year (school term) at a time. Recipients who wish to reapply at the end of the year may do so by filling out a new application.**

In order to be considered for continuing Scholarship awards, a "full time" Recipient must be pursuing the minimum hours per semester or the quarter hour equivalent to be classified as a "full time" student. Exceptions to this rule will be reviewed on a case-by case basis.

**The Recipient must maintain at least a 2.0 grade point average (on a 4.0 scale) each semester.**

## OTHER RULES

Each Recipient must notify the Trustee if there is a change of status in any information that is required to make a decision about the Recipient. Failure to comply with any requirement for continuing eligibility or any rule stated above will result in the termination of the scholarship. Notification of withdrawal from school will be permitted if written notification is given to the Trustee prior to the withdrawal period. If a Recipient does not re-enroll by the designated deadline dates the scholarship will be revoked.

It is impossible to cover every circumstance that arises and the Trustee will be glad to discuss any unusual circumstances or requests.

## WILLIAM H & HELEN L NELSON SCHOLARSHIP FUND APPLICATION

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### STUDENT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Best Phone Contact Number \_\_\_\_\_ ☐ preferred

Best Email Address \_\_\_\_\_ ☐ preferred

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number                      Age                      Date of Birth

Educational Institution planning to attend \_\_\_\_\_

Major ☐ LPN ☐ RN

Expected Date of Graduation \_\_\_\_\_

Estimated cost per semester:

Tuition & Fees \_\_\_\_\_ Books/Supplies \_\_\_\_\_

Will you be employed while attending school? \_\_\_\_\_ Est hours per week \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

### FINANCIAL INFORMATION

How many in the household, including yourself? \_\_\_\_\_

Family Annual Income \_\_\_\_\_ Personal Annual Income \_\_\_\_\_

**PLEASE EXPLAIN WHY THIS SCHOLARSHIP IS IMPORTANT TO YOU  
AND WHY YOU SHOULD BE CONSIDERED:**

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**SCHOLARSHIP INFORMATION**

Have you received or are you going to receive any other scholarships? (Y/N) \_\_\_\_\_  
If yes, please list.

_____	_____
Title & Source of Scholarship	Amount per year
_____	_____
Title & Source of Scholarship	Amount per year

**The Deadline is June 15th and December 15th.** The Trustee must receive the required information by the close of business day at their location, 814 Baker Street, Mountain Home, AR. If the deadline falls on a weekend or bank holiday, then the deadline will be the next business day. Please be sure to mail completed application to bank’s mailing address:  
**Paul E. Johnson, Sr VP & Trust Officer**  
**First Security Bank of Mountain Home**  
**PO Box 1906**  
**Mountain Home, AR 72654-1906**