EDWARD J. SCHWARTZ PERPETUAL EDUCATIONAL TRUST FUND
SCHOLARSHIP APPLICATION, RULES AND GUIDELINES

 Applicant must be a resident of Wapello County.

 Applicant must be enrolled in full time undergraduate course study at St. Ambrose University, University of Iowa, Iowa State University or the University of Northern Iowa.

 Scholarship grants will be transferred directly to the student’s account in the Business Office of the University for tuition and/or books use. No outright distributions will be made. Should the recipient fail or drop out of the university (or drop below full time status as defined by the university) the scholarship will immediately be terminated and funds should be returned to the Edward J. Schwartz Trust.

 Applications will be considered on the basis of scholastic performance, leadership and financial need.

 Selection is made without regard to gender, race, national origin, creed, age, marital status or disability.

 Scholarship awards will be limited to $1,500.00 or less per year. Students receiving scholarships will be required to sign a Promissory Note for 1/3 of the amount received due in full 5 years from the date the note is signed.

 Scholarship monies will be granted on a yearly basis. Applicants may reapply annually for additional scholarships.

 Applicant must attach a one-page essay expressing educational and occupational interests and goals. Also include personal interests and any extraordinary factors that should be considered by the scholarship committee. The essay must be typewritten and returned with this application.

 High school and university official transcripts must be attached to this application. (Include 1st semester of senior year.) If applicant is presently in his/her Junior year of college, no high school transcript is required. Incomplete applications will not be considered.

 This application must be filled out in full and postmarked and/or delivered with official transcripts and essay no later than March 1st of the year of application to:

 South Ottumwa Savings Bank
 Attn: Trust Department
 320 Church St. PO Box 516
 Ottumwa, IA 52501-0516
PERSONAL INFORMATION

Name ___________________________ AGE __________________
(Last) (First) (Middle) (As of March 1st)

Home Address (Wapello County) ____________________________________________
(Street)
(City) (State) (Zip)

Parent’s or Guardian’s Name(s) ____________________________________________

Home Phone ____________________ Last 4 digits Social Security # ________________

College Address (If Applicable) ____________________________________________

High school or university where you are currently enrolled __________________

University or college where you will enroll to qualify for the Edward J. Schwartz
Scholarship ________________________________________________________________

Date School Term Begins _________________________________________________

SCHOLARSHIP INFORMATION

NO APPLICATION WILL BE ACCEPTED IF THIS PORTION IS INCOMPLETE!

High School(s) Attended _________________________________________________

SAT and or ACT
Composite Scores ______ Date Taken ______ Date of Results ______

Class Rank ______ Out of _________ H S Grade Point Average ________________

University Grade Point Average ____________________________________________
(University) (GPA)

Date you expect to complete bachelors’ degree __________________________________
ACTIVITIES

1. High School Activities (career clubs, drama, student government, athletics, social fraternities or sororities, etc.) Circle years involved.

   1. FR SO JR SR
   2. FR SO JR SR
   3. FR SO JR SR
   4. FR SO JR SR
   5. FR SO JR SR
   6. FR SO JR SR

2. College or University Activities (career clubs, drama, student government, athletics, social fraternities or sororities, etc.) Circle years involved.

   1. FR SO JR SR
   2. FR SO JR SR
   3. FR SO JR SR
   4. FR SO JR SR
   5. FR SO JR SR
   6. FR SO JR SR

3. Community Activities (church, scouting, 4H, FFA, service clubs, etc.) Circle years involved. Designate high school or university level.

   1. FR SO JR SR
   2. FR SO JR SR
   3. FR SO JR SR
   4. FR SO JR SR
   5. FR SO JR SR
FINANCIAL INFORMATION

Tax Information must be from the most recent completed 1040.

Father or Guardian’s Occupation ___________________________________________

Mother or Guardian’s Occupation ___________________________________________

Parent’s Adjusted Gross Income ___________________________________________

Student’s (and Spouse, if applicable) Adjusted Gross Income _______________________

List Brothers and Sisters and ages:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

List Brothers and Sisters in College:

<table>
<thead>
<tr>
<th>Name</th>
<th>College</th>
<th>Year of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE SCHOLARSHIP COMMITTEE WILL HOLD ALL FINANCIAL INFORMATION IN STRICTEST CONFIDENCE.
WORK EXPERIENCE

1. ____________________________   ____________________________   ____________________________

2. ____________________________   ____________________________   ____________________________

3. ____________________________   ____________________________   ____________________________

4. ____________________________   ____________________________   ____________________________

5. ____________________________   ____________________________   ____________________________

NO APPLICATION WILL BE ACCEPTED IF THIS PORTION IS INCOMPLETE!

I certify that all the answers I have given in this application are complete and to the best of my knowledge.

The undersigned applicant acknowledges that the statements included in this document are true to the best of his/her knowledge.

__________________________________________
Applicant

The undersigned parent/guardian/spouse acknowledges that the above statements are true to the best of his/her knowledge.

__________________________________________

Signed this ________ day of ________________ 20___.

Please attach in order.

1. Required essay as described on cover page.

2. High school and college/university transcripts as described on cover page.