

**PLEASE PRINT OR TYPE**

Application  
Page 1

**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 aap.) (January app.)

Fall 20\_\_ Spring 20\_\_ 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 of regular study. If the student successfully completes the course of study, loan repayment must begin within three years of graduation and be completed then years thereafter.

Date

Student's Signature

Application  
Page 2

**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 a loan, is subject to the discretion of the Trustees. In that regard Est.

expenses per Semester Est. Resources per semester:

Tuition & Fees \$ \_\_\_\_\_ College Fund Savings \$ \_\_\_\_\_ Books & Supplies \_\_\_\_\_  
Family contributions \_\_\_\_\_ Room & Board \_\_\_\_\_ Part-time job \_\_\_\_\_ Clothing \_\_\_\_\_  
Grants \_\_\_\_\_ Auto (if needed) Student Loans \_\_\_\_\_ Maintenance \_\_\_\_\_  
Scholarships \_\_\_\_\_ Insurance \_\_\_\_\_ Veterans Benefits \_\_\_\_\_ Gasoline \_\_\_\_\_  
Recreation \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Incidentals \_\_\_\_\_

Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ 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:

Application  
Page 3

#### 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.

Students Signature:

Application  
Page 4

### 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."

Last Semester Junior Year Grade \_\_\_\_\_ First Semester Senior Year Grade \_\_\_\_\_

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

V. Recommendations by counselor:

Counselor's Signature

Application

Page 5

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-CIRRICULAR 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:

Application  
Page 6

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 parent. If you have a guardian please state name and funds available in the guardianship

Student's Signature

Parent(s) or Guardian's Signature

Application

Page 7

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 parent's ability to provide financial assistance. The following information is needed in addition to the complete 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 PARENTS  
(& SPOUSE) 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 (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 or business assets)
3. Real estate and investment debt  
(Do not include home, farm or business assets)

Application

Page 8

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 Parents 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 Law Firm  
Attention: Hester Scholarship Secretary

P. O. Box 244  
Nevada, MO 64772

Current Date:

**PLEASE PRINT OR TYPE**

Hester Scholarship Anticipated Expenses/Resources  
**SUMMER SEMESTER**

**Estimated Expenses Estimated Resources** Tuition & Fees \$\_\_\_\_\_ Savings  
\$\_\_\_\_\_ Books & Supplies \$\_\_\_\_\_ Contributions \$\_\_\_\_\_ Room &  
Board \$\_\_\_\_\_ Employment \$\_\_\_\_\_ Clothing \$\_\_\_\_\_ Grants  
\$\_\_\_\_\_ Auto (if needed) \$\_\_\_\_\_ Student Loans \$\_\_\_\_\_ Maintenance  
\$\_\_\_\_\_ Scholarship \*\* \$\_\_\_\_\_  
Insurance \$\_\_\_\_\_ (for applicable semester) Gasoline \$\_\_\_\_\_ Veteran's  
Benefits \$\_\_\_\_\_ Recreation \$\_\_\_\_\_  
Medical/Dental \$\_\_\_\_\_  
Incidentals \$\_\_\_\_\_

Total: \$\_\_\_\_\_ Total: \$\_\_\_\_\_

\*\* This figure should not include the amount of the Hester Scholarship for the preceding semester.

**PLEASE PRINT OR TYPE**

Hester Scholarship Anticipated Expenses/Resources  
**SPRING SEMESTER**

**Estimated Expenses Estimated Resources** Tuition & Fees \$\_\_\_\_\_ Savings  
\$\_\_\_\_\_ Books & Supplies \$\_\_\_\_\_ Contributions \$\_\_\_\_\_ Room &  
Board \$\_\_\_\_\_ Employment \$\_\_\_\_\_ Clothing \$\_\_\_\_\_ Grants  
\$\_\_\_\_\_ Auto (if needed) \$\_\_\_\_\_ Student Loans \$\_\_\_\_\_ Maintenance  
\$\_\_\_\_\_ Scholarship \*\* \$\_\_\_\_\_  
Insurance \$\_\_\_\_\_ (for applicable semester) Gasoline \$\_\_\_\_\_ Veteran's  
Benefits \$\_\_\_\_\_ Recreation \$\_\_\_\_\_  
Medical/Dental \$\_\_\_\_\_  
Incidentals \$\_\_\_\_\_

Total: \$\_\_\_\_\_ Total: \$\_\_\_\_\_

\*\* This figure should not include the amount of the Hester Scholarship for the preceding semester.

I request consideration for the amount of \$\_\_\_\_\_ for Spring 20\_\_ semester. I request consideration for the amount of \$\_\_\_\_\_ for Summer 20\_\_ semester. (If summer request is made, please attach summary of expenses and resources on Summer Semester sheet attached.)

Please state the degree you are presently pursuing, your major, and your ultimate goals with respect to your present field of study.

DEADLINE TO SUBMIT THIS REQUEST IS JANUARY 5, OF CURRENT YEAR AND YOUR REQUEST MUST BEAR POSTMARK ON OR BEFORE JANUARY 5.



**OTHERWISE, YOUR REQUEST WILL NOT BE CONSIDERED!!! IF YOU DON'T HAVE YOUR TRANSCRIPT BY DEADLINE DATE, SEND REQUEST WITHOUT IT AND TELL US IT WILL BE FORWARDED AS SOON AS YOU RECEIVE IT. SHOW THIS FORM TO COLLEGE TO SPEED UP. COMPUTER COPY OF TRANSCRIPT IS ACCEPTABLE.**

Return this completed and signed form along with transcript of grades for preceding Fall Semester. Mail to McCaffree Law Firm **ATTENTION HESTER SCHOLARSHIP**, P.O. Box 244, Nevada, Missouri 64772.

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

College Name & Address	Student's Name & Home Address	_____
_____		_____
_____		_____
_____		