

# WILLIAM TOBEN KING SCHOLARSHIP

## Original Application –2022

STUDENT NAME \_\_\_\_\_  
Last First Middle

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

Please complete this checklist so that this application for the William T. King Scholarship can be processed in a timely manner. **Do not turn in the application unless all documents are attached and the checklist is complete.**

- |     |  |       |
|-----|--|-------|
| 1)  | All pages complete with information requested  | _____ |
| 2)  | Student signature on Page 2  | _____ |
| 3)  | Parents' signature on Pages 2 and 3  | _____ |
| 4)  | Counselor signature on Page 6  | _____ |
| 5)  | Attached Transcript of Grades and complete Page 6  | _____ |
| 6)  | Postmarked by June 1, 2022   | _____ |
| 7)  | 2020 tax return attached for parent and student  | _____ |
| 8)  | 2021 tax return attached for parent and student<br><small>(2019 tax return in addition to 2020 is acceptable if 2021 is not available)</small> | _____ |
| 9)  | Parents' Financial data complete on Page 3   | _____ |
| 10) | Student Financial data complete on Page 4  | _____ |
| 11) | Financial need worksheet complete on Page 5  | _____ |
| 12) | Counselor / school reference complete on Page 7<br><small>(Separate attachment for reference is acceptable)</small>                            | _____ |

By completing this checklist, I verify that all the requested information is attached and correctly presented. I further understand that if any information is missing, this application will not be accepted by the Trustees of this Scholarship.

Signed: \_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

**WILLIAM TOBEN KING  
EDUCATIONAL TRUST**

Attn: Lori Boyer  
The Commerce Trust Company  
P. O. Box 1119 | 328 Felix Street  
St. Joseph, MO 64502

**ORIGINAL APPLICATION – 2022**

**INSTRUCTIONS:** You or your counselor must return this application to the above address. Applications **MUST** be complete and postmarked by June 1, 2022. All information **MUST** be typed or printed on this application form. Limit all information on application to Grades 9 - 12 only. If you wish to include additional information regarding your high school activities, community activities & volunteer work, special recognition or honors, employment experience, or leisure time activities, interests or hobbies, please do so by attaching an appendix detailing this information to the back of this application. **(NOTE: You may use the back of the application if you require additional space.)**

APPLICANT NAME (Last/First/Middle) \_\_\_\_\_ M( ) F( )

Home Address (Street/City/State/Zip) \_\_\_\_\_

Permanent Address (Street/City/State/Zip) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Father's Occupation \_\_\_\_\_

**NAME AND ADDRESS OF HIGH SCHOOL** \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Ages \_\_\_\_\_

Number of Children in Family who will be attending College in the Fall 2022 \_\_\_\_\_ Ages \_\_\_\_\_

If Parents Are Divorced, Which Parent Does Applicant Live With \_\_\_\_\_

How Many Children Live With Custodial Parent \_\_\_\_\_ Ages \_\_\_\_\_

Name of School Counselor \_\_\_\_\_

Name of Reference If Written by Other Than School Counselor \_\_\_\_\_

Name & Address of College You Plan to Attend \_\_\_\_\_

Course of Study or Vocation You Plan to Pursue \_\_\_\_\_

Are you a Member of National Honor Society (NHS) and, if applicable, how long? \_\_\_\_\_

Check here if your School is not an NHS School

**COUNSELOR'S SIGNATURE MUST APPEAR ON PAGE 6**

**NOTE: YOU MUST ATTACH IRS FORM 1040 FOR BOTH THE APPLICANT (IF APPLICANT FILED A RETURN) AND PARENTS FOR YEARS 2020 AND 2021 AND YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT OF GRADES UP TO AND INCLUDING THE 8<sup>TH</sup> SEMESTER. PROVIDING A COPY OF THE 2019 RETURN INSTEAD OF 2021 IS ACCEPTABLE IF 2021 IS NOT AVAILABLE.**

I-We further verify that the enclosed information on this application is accurate. Any irregularity or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all financial aid provided by the Trustees and the trust may seek reimbursement of funds previously distributed.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

# WILLIAM TOBEN KING EDUCATIONAL TRUST

## PARENTS FINANCIAL DATA

STUDENT'S NAME (Last/First/Middle) \_\_\_\_\_

ASSETS (please use the estimated current market value of each asset when completing this section)		LIABILITIES (please provide full balance of debt)		
		Debts Owed	To	Amount
Cash-Accounts-Savings	\$	Home (Mortgage)		\$
Value of Stock-Securities-Brokerage	\$	Autos-Vehicles		\$
Primary Residence	\$	Personal Loans		\$
Autos-Vehicles	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Partnership Interest	\$	Student Loans		\$
Equipment	\$	Home Equity Loan		\$
Livestock and/or Stored Crops	\$	Debt on Rental or other Investment Property		\$
Rental or Other Investment Properties	\$	Other (Please Specify)		\$
Other Assets (Do not include 401(K) or IRA Balances)	\$			\$
Total Assets	\$		Total Liabilities	\$
Net Worth (Subtract Liabilities from Assets)				\$

	Parents 2020 Income	Parents 2021 Income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support being paid for Applicant	\$	\$
Total Adjusted Gross Income	\$	\$

I-We further verify that the enclosed information on this application is accurate. Any irregularity or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all financial aid provided by the Trustees and the trust may seek reimbursement of funds previously distributed.

**PARENTS MUST COMPLETE THIS PAGE AND SIGN** \_\_\_\_\_

**WILLIAM TOBEN KING  
EDUCATIONAL TRUST**

**APPLICANT FINANCIAL DATA**

STUDENT'S NAME (Last/First/Middle) \_\_\_\_\_

ASSETS (please use the estimated current market value of each asset when completing this section)		LIABILITIES (please provide full balance of debt)		
		Debts Owed	To	Amount
Cash-Accounts-Savings	\$	Autos-Vehicles		\$
Value of Stock-Securities-Brokerage	\$	Personal Loans		\$
College Savings Plan (Ex. 529 Plan)	\$	Student Loans		\$
Autos-Vehicles	\$	Credit Cards		\$
Land-Farm	\$	Taxes Owed		\$
Livestock	\$	Other (Please Specify)		\$
Equipment	\$	1.		\$
Stored Crops	\$	2.		\$
Other Assets	\$	3.		\$
	\$	4.		\$
Total Assets	\$		Total Liabilities	\$
Net Worth (Subtract Liabilities from Assets)				\$

	Applicant's 2020 Income	Applicant's 2021 income
Salary	\$	\$
Bonus	\$	\$
Dividends	\$	\$
Interest	\$	\$
Rental Income (Net)	\$	\$
Other Income	\$	\$
Child Support being paid for Applicant	\$	\$
Total Adjusted Income	\$	\$

# FINANCIAL NEED WORKSHEET

Name of Your College \_\_\_\_\_

Your Expenses (please provide amounts PER YEAR and not per semester)

- |    |  |          |
|----|--|----------|
| 1. | Tuition  | \$ _____ |
| 2. | Room and Meals   | \$ _____ |
| 3. | Books and Supplies   | \$ _____ |
| 4. | <b>TOTAL</b> Trustees will implement a cap of \$6,000 for Junior Colleges or Vo-Tech Schools and a cap of \$10,000 for all other colleges and universities | \$ _____ |

**LESS**

- |    |   |          |  |
|----|---|----------|--|
| 5. | Parental Contribution                                     | \$ _____ |  |
| 6. | Other Aid, Grants or Scholarships Awarded (Explain below) | \$ _____ |  |
| 7. | <b>TOTAL</b> of Lines 5 and 6                             | \$ _____ |  |
| 8. | <b>Balance Needed</b> (Deduct Line 7 from Line 4)         | \$ _____ |  |

How many other scholarship applications have you completed and submitted (not including this one)? \_\_\_\_\_

List all aid, grants and scholarships that have already been awarded to you:

	<u>Name of Aid, Grant or Scholarship</u>	<u>Amount per Year</u>	RENEWABLE	NON RENEWABLE
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>	_____		

List all loans

	<u>Name of Loan</u>	<u>Amount per Year</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
	<b>TOTAL</b>	_____

WILLIAM TOBEN KING  
EDUCATIONAL TRUST

**TO BE COMPLETED BY HIGH SCHOOL COUNSELOR**

**PLEASE NOTE:** In figuring GPA, use an **unweighted** 8th semester GPA for high school seniors.

RANK: \_\_\_\_\_ TOTAL NO. IN CLASS \_\_\_\_\_ UNWEIGHTED GPA (4-point basis, **only**) \_\_\_\_\_

**TEST SCORES: List the scores available**

\_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_  
(Raw) (Percentile) (Raw) (Percentile)

\_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_  
(Raw) (Percentile) (Raw) (Percentile)

**ACADEMIC RECORD:** Enter student's academic record below; OR ATTACH A TRANSCRIPT AS A SUBSTITUTE.

INDICATE GRADES EARNED									
Honors	Class Title	Grade 9		Grade 10		Grade 11		Grade 12 Schedule	Honors
		Term 1	Term 2	Term 1	Term 2	Term 1	Term 2		

**TO BE COMPLETED BY COUNSELOR ONLY!**

**COUNSELOR'S SIGNATURE** \_\_\_\_\_

WILLIAM TOBEN KING  
EDUCATIONAL TRUST

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COUNSELOR/SCHOOL REFERENCE (Coach, Teacher, Principal)

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All information given is confidential. Please include such things as length of time you've known the student and in what capacity, leadership skills witnessed and relationship with peers and adults.

PLEASE NOTE: Please return to applicant's counselor when completed.

Name of Student \_\_\_\_\_

Your Position \_\_\_\_\_

Comments:

\_\_\_\_\_  
Your Signature