



**RENEWAL APPLICATION FOR  
ALL SCHOLARSHIPS**

**DEADLINE:** Applications must be received no later than **MARCH 1<sup>ST</sup>**.

Mail or deliver to: JCB Trust Department, 125 S. Chestnut Street, 3<sup>rd</sup> Floor, Seymour, IN 47274

This form is for current recipients who want to re-apply for subsequent years for the following scholarships.

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Joseph & Luella Abell      | <input type="checkbox"/> Anah C. & Willard A. Klakamp | <input type="checkbox"/> Maude Welch |
| <input type="checkbox"/> Louis & Nellie Bauer       | <input type="checkbox"/> Nellie Kloeker               |                                      |
| <input type="checkbox"/> Sherman H. & Lillian Berry | <input type="checkbox"/> Gilbert Kovener              |                                      |
| <input type="checkbox"/> Joe & Arletta Cobb         | <input type="checkbox"/> MAKE A DIFFERENCE            |                                      |
| <input type="checkbox"/> Ivan Frische               | <input type="checkbox"/> Lydia Mellencamp             |                                      |
| <input type="checkbox"/> Mary Hatfield Glasson      | <input type="checkbox"/> Cyril & Ora Story            |                                      |
| <input type="checkbox"/> Paul S. Hanner             | <input type="checkbox"/> Dallas Tyler                 |                                      |

**REQUIRED DOCUMENTS**

1. Completed **RENEWAL APPLICATION FOR ALL SCHOLARSHIPS**.
2. Copy of **YOUR LAST COLLEGE/SCHOOL GPA REPORT**.
3. **A PERSONAL LETTER** stating your progress in school and any additional information to fully explain why you need financial assistance to attend college.

**PLEASE COMPLETE THE FOLLOWING**

Name of Applicant

Street Address  City, State

Telephone Number  Zip Code

E-mail  Social Security Number

1. Application for scholarship is for which year of college? (A new application must be submitted each year.)

Sophomore  Junior  Senior

Number of Hours per Semester

2. College/School you are attending:

Planned Major:

3. What are your plans after graduation?

4. Cumulative grade point average (GPA) based on a **4.0 SCALE** (NOT weighted):

5. FINANCIAL INFORMATION:

If you have already been notified that you will receive other scholarships, please provide names, amounts, frequency:

Other financial considerations:

6. WORK ACTIVITIES: Are you now employed?  Yes  No

If yes, what type of work?

Hours per week:

***TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

***For questions, please contact the JCB Trust Department at (812) 522-3607, or visit [www.greaterseymourtrustfund.com](http://www.greaterseymourtrustfund.com).***

**Your picture and name may be used for release to the media and for publicity purposes.**