

## **FLORENCE AND JOE SEIFFERT MEMORIAL SCHOLARSHIP**

The Florence and Joe Seiffert Memorial Scholarship is given in memory of Florence and Joe Seiffert through the generosity of their son and daughter-in-law, Bob and Colleen Seiffert.

Florence and Joe Seiffert raised nine children on a farm north of Carlyle. They created a loving home that encouraged an attitude and work ethic of lifelong learning. Florence and Joe taught that education was an important ingredient to a successful loving lifestyle. When grandchildren came along, they continued to encourage education and a positive learning attitude in a loving manner.

This scholarship will continue the tradition of Florence and Joe Seiffert by offering an opportunity to a deserving student to receive an education.

Students eligible for this scholarship are students graduating from the high schools of Carlyle High School, Carlyle, Illinois, Central High School and Mater Dei High School both in Breese, Illinois. One scholarship will be awarded in the amount of \$1,000 for the recipient's first year of college. One-half of the scholarship award will be credited to the recipient's account each semester with the college of choice. This scholarship can be used for books, tuition, fees and other legitimate college expenses. Unused funds will revert back to the trust fund.

A recipient may attend a junior college or two-year program, so long as his or her expressed intention is to ultimately complete a four-year undergraduate degree.

The Trustee shall establish a Selection Committee and will notify the committee by January 31<sup>st</sup> that the scholarship can be awarded and it will apply to the school year beginning the ensuing fall.

It is the responsibility of the Selection Committee to develop an application form, to determine the criteria, and to inform the school of the availability of the scholarship. The committee is to give consideration to scholastic aptitude, strength of character and demonstrated financial need. The committee will be responsible for determining the recipient and administering the award without discrimination.

## **FLORENCE AND JOE SEIFFERT MEMORIAL SCHOLARSHIP APPLICATION INFORMATION**

1. **Eligibility:** An applicant;
  - (a) must be enrolled as a student in:
    - Carlyle Community Unit #1 High School
    - Central Community High School
    - Mater Dei High School
  - (b) must be a high school senior;
  - (c) may attend a junior college or two-year program, so long as his or her expressed intention is to ultimately complete a four-year undergraduate college degree;
  - (d) plan to enroll, or be enrolled, in a recognized degree program;
  - (e) must maintain full-time student status;
  - (f) must be of good moral character and serious in intent;
  - (g) is required to file an application and provide other necessary information in a timely manner as required or requested;
  - (h) must provide such information as required for continued eligibility.
  
2. **Filing:** Applications;
  - (a) are to be post-marked on or before April 1 of the year of the fall term of intended use;
  - (b) accompanied by transcripts of all high school and other academic credits, this should include the senior year first semester classes and grades. This should also include a transcript of any Kaskaskia College or other dual credit courses taken.
  - (c) must include information on at least two references, from which recommendations are to be forwarded under separate cover;
  - (d) must include financial and non-financial information;
  - (e) along with all information received, will be treated confidentially;
  - (f) and related materials should be mailed to:

Selection Committee  
Florence and Joe Seiffert Memorial Scholarship  
c/o First National Bank in Carlyle  
P. O. Box 280  
Carlyle, IL 62231

3. **Implementation:** Selection;
  - (a) will include a personal interview with each finalist chosen by the Selection Committee;
  - (b) will be made by the Selection Committee without discrimination or prejudice;
  - (c) decision of the committee will be final;
  - (d) will include a notification of acceptance certified to the Trustee indicating the institution of choice to receive allocated funds;
  - (e) will include a timely notice of the awarding of the scholarship to all applicants, and to the public;

**FLORENCE AND JOE SEIFFERT MEMORIAL SCHOLARSHIP  
APPLICATION FORM**  
(Typewritten or Legible Print)

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street) (City) (Zip Code)

3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

5. Are you currently enrolled in –  
Carlyle Community Unit #1 School District \_\_\_\_\_  
Central Community High School \_\_\_\_\_  
Mater Dei High School \_\_\_\_\_

6. When did you attend high school? From: \_\_\_\_\_ to \_\_\_\_\_  
(year) (year)

7. What is your high school class standing? Upper: \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{2}$  \_\_\_\_\_  $\frac{3}{4}$

8. What letter grade is your overall high school grade point average? \_\_\_\_\_

9. What is your class rank in the year of graduation? \_\_\_\_\_

10. What was your ACT score? \_\_\_\_\_ What was your SAT score? \_\_\_\_\_

11. How do you classify your educational preparation and background?  
\_\_\_\_\_ College Prep \_\_\_\_\_ Vocational \_\_\_\_\_ General \_\_\_\_\_ Other \_\_\_\_\_  
(list)

12. What is your career objective? \_\_\_\_\_  
\_\_\_\_\_

13. Why did you choose this field? \_\_\_\_\_  
\_\_\_\_\_

14. Where do you plan to attend college? \_\_\_\_\_

15. Do you plan to obtain a four-year degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Why did you select this college? \_\_\_\_\_  
\_\_\_\_\_

17. List any previous work experience and employer:

	<u>Type of Employment</u>	<u>Employer</u>	<u>Dates (years from – to)</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

18. List your high school extra-curricular activities, offices, and honors:

	<u>Name of Organization</u>	<u>Year</u>	<u>Office Held</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

19. List civic or community activities in which you participated:

	<u>Name of Organization</u>	<u>Year</u>	<u>Office Held</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____

**Financial Analysis**

Since financial need is one of the factors in selecting a recipient of this scholarship, the following information will help the Selection Committee in its consideration. This information is strictly confidential and will only be reviewed by the Selection Committee.

20. Will you work during the school year to support your education? If so:-

Hours per week \_\_\_\_\_ Income \_\_\_\_\_

Where: \_\_\_\_\_

Type of work \_\_\_\_\_

21. Do you intend to work during the summer? Yes                      No  
If so:

Hours per week \_\_\_\_\_ Income \_\_\_\_\_

Where: \_\_\_\_\_

Type of work \_\_\_\_\_

22. Do you have a scholarship or tuition waiver? Yes                      No  
If so:

<u>Name of Scholarship</u>	<u>Estimated Value</u>	<u>How Often Paid</u> (one-time/annual/per semester)
_____	_____	_____
_____	_____	_____

23. Have you applied for other scholarships?  Yes  No                      How many? \_\_\_\_\_

24. Do you currently have any financial responsibilities or debt that you are responsible for? Yes                      No  
If so, please give the amount and a description of your debt responsibilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. How will your college education be funded? (List percentage)

Student \_\_\_\_\_%                      Parents \_\_\_\_\_%                      Scholarships \_\_\_\_\_%

Loans \_\_\_\_\_%                      Grants/Aid \_\_\_\_\_%                      Other \_\_\_\_\_%

26. Please indicate your parent's adjusted gross income for last year as exemplified on their Federal Income Tax Return (Form 1040).

- |  |  |
|--|--|
| <input type="checkbox"/> under \$40,000      | <input type="checkbox"/> \$90,000 - \$124,999  |
| <input type="checkbox"/> \$40,000 - \$69,999 | <input type="checkbox"/> \$125,000 - \$149,999 |
| <input type="checkbox"/> \$70,000 - \$89,999 | <input type="checkbox"/> \$150,000 and over    |

27. Provide any additional information regarding your financial situation, such as single parent, divorced parents, a prolong illness, child of a student, etc. that you deem important to the selection committee considering this application.

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28. List two individuals you are requesting to furnish letters of recommendation. These are to be sent under separate cover to the designated person. It is suggested that references are from the areas of education, employment or community involvement.

a. \_\_\_\_\_

b. \_\_\_\_\_

29. Are you related to a substantial contributor to the trust or to an employee of the First National Bank in Carlyle?

If yes, please state relationship \_\_\_\_\_

30. Please write a paragraph as to why you would like to be awarded this scholarship, e.g. How would the Florence and Joe Seiffert Memorial Scholarship assist you in achieving your goals? (Use a separate sheet if necessary)

31. I do hereby attest that this information is true, accurate and complete to the best of my knowledge. I have read the conditions of the Florence and Joe Seiffert Memorial Scholarship and believe I am a qualified applicant. I agree to furnish a high school transcript, recommendations, ACT/SAT scores, copies of mine and my guardians/parents personal tax returns (only if requested by the committee) and other reasonable information as may be requested of me. If selected, I will keep the Selection Committee advised of any change in my eligibility status.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

# FLORENCE AND JOE SEIFFERT MEMORIAL SCHOLARSHIP CERTIFICATION FOR RENEWAL

(to be completed after Fall semester)

I, \_\_\_\_\_, hereby certify that I am a full-time student at \_\_\_\_\_ in a program leading to a four-year degree. With the completion of the Fall \_\_\_\_\_ semester, I am in good academic and social standing at this institution. Having met these requirements of the Florence and Joe Seiffert Memorial Scholarship, I am certifying my continuing eligibility for this award. I am enclosing a transcript of my college credits and grades for the perusal of the Selection Committee as evidence of my academic and social standing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(to be completed after Spring semester)

I, the undersigned, hereby certify that I have completed the Spring \_\_\_\_\_ semester as a full-time student at \_\_\_\_\_ and I was in good academic and social standing at this institution. I am enclosing a transcript of my college credits and grades in order to complete my scholarship file.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**After each semester, return form, college transcript and grades to:**

Florence and Joe Seiffert Memorial Scholarship Trust  
c/o First National Bank in Carlyle  
P. O. Box 280  
Carlyle, IL 62231