

**H. B. Reynolds Scholarship Application 2021-2022**

Application Deadline: **March 19, 2021** (Applications received after this date will be considered after on-time applications.) **All applications must include a transcript.**

General Eligibility: To provide scholarships to students who live in Jefferson County, Illinois for the purposes of pursuing education at high school, preparatory school or college, at the graduate or undergraduate level. Students must carry 12 semester hours or equivalent.

Notification: Notification will be made in writing by U.S. Bank Wealth Management once all scholarships have been awarded.

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
(required if selected)

Address: \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_ Phone H: \_\_\_\_\_ C: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male:  Female:  Married:  Single:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Estimated Educational cost for academic year: \$ \_\_\_\_\_

**Release Statement – Signature Required**

I approve the release by the H.B. Reynolds Trust of my name, photo, major, class, and high school to the news media if I am selected as a recipient of this scholarship. I certify that, to the best of my knowledge, all statements submitted are my own. I understand this application and all records gathered for my application file are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section A: Must be completed by all students applying for scholarship**

(except those students who are married or are not claimed as a dependent on parent's tax return, i.e. student does not live with nor receive any means of support from either parent.) **INCLUDE INCOME FROM ALL SOURCES.**

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Brother(s) and/or Sister(s) (names and ages): \_\_\_\_\_

Are any siblings attending college? Yes  No  If yes, how many? \_\_\_\_\_

**Section B: Educational Profile**

High School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ (4-point scale)

Name and location of institution to which student has applied or is/will be attending:

Name of School(s): \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Upcoming College Academic Year: Freshman  Sophomore  Junior  Senior  Other

Major Area of Study: \_\_\_\_\_ Degree(s) Pursued: \_\_\_\_\_

Expected Date of Graduation from College: \_\_\_\_\_

Other Sources of Financial Aid (List all grants, scholarships, loans, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Educational Costs (full academic year)**

Tuition & Fees: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Room/Board: (state if on /off campus) \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Section D: Activities ~ Community Service, Extra Curricular, Hobbies, Interests:**

**Section E: Future Goals/Plans (Brief statement explaining your future goals/plans.)**

**Section F: Any information about special needs or circumstances to help the committee in the selection process should be included.**

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Return applications & transcripts to:  
U.S. Bank Wealth Management  
c/o Pam Prather  
201 N Elm Street  
Centralia, IL 62801

If you need further information or have questions please contact Pam Prather:  
Phone: 618-545-1219  
Fax: 618-533-7155  
Email: [pamela.prather@usbank.com](mailto:pamela.prather@usbank.com)

NOTICE: All applications must be accompanied by your most current transcript of academic records. If you are already attending college, and are re-applying for this scholarship, only your college transcripts are required. All other applicants must submit high school transcript and any applicable college transcript.