

APPLICATION

Zola N. and Lawrence R. Nell Educational Trust

Scholarship Program

The Nell Educational Trust Scholarship Program was established under the last will and testament of Lawrence R. Nell to assist qualified students who have been accepted for the study of medicine at the post-baccalaureate level. Ideal candidates for this scholarship desire to earn an MD or PA degree, and must be graduates of a high school located within Sedgwick County, Kansas.

Grants and renewals may be conditioned upon such Grantee's engaging in the practice of the health profession for which he/she has received educational support, the period of time and the location of practice (Sedgwick County or the State of Kansas) to be agreed upon on a case-by-case basis. Failure to practice for the specified term in the agreed upon area may cause all amounts theretofore granted, with 10 percent interest, to become immediately due and payable to the trust. This requirement may be reviewed on an individual basis and to date the Selection Committee has not acted upon it.

Grants may be made for tuition, books, fees and related expenses, with tuition and fee monies paid directly to the registrar of the school involved.

Prior years' winners need not complete another application, but do need to submit a letter with transcript, along with their address and the name and address of the school they will be attending.

Zola N. and Lawrence R. Nell Scholarship Application
Trustee: The Commerce Trust Company
P. O. Box 637, Wichita, KS 67201-0637

1. Name: _____ Spouse's name: _____

2. Home Address: _____ Phone: _____

3. Mailing Address (if different than above): _____

4. Email Address: _____

5. Age: _____ Date of Birth: _____ Place of Birth: _____

6. Applicant's Dependent(s) and Their Ages: _____

7. Parent or Guardian: _____ Occupation: _____

8. Address of Parent or Guardian: _____

9. Both Parents' Annual Income: _____ Spouse's Annual Income: _____

10. Number of brothers: (circle one) 0 1 2 3 4 or more
Number of sisters: (circle one) 0 1 2 3 4 or more

11. Number of brothers and/or sisters who have completed their college education: _____

12. Other sources of income/financial aid: _____

13. Educational record: Name of high school and year graduated.
Names of schools or colleges attended (list most recent first).
Include transcripts with application.

<u>School name</u>	<u>City, State</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Current classification and year in school: _____

Zola N. and Lawrence R. Nell Scholarship Application
Page Two

14. Cumulative Grade Point Average: _____

Undergraduate Study: _____ Science: _____
Graduate School: _____ MCAT Score: _____

15. Name and address of school you will be attending next school year and course of study to be undertaken:

16. List extra-curricular activities, clubs, societies, church groups, organizations:

17. Character references: Obtain at least two and no more than three letters of reference, one of which should be in the nature of an academic letter of reference (i.e., from a faculty member, advisor, etc.). List name, address and phone number of each character reference:

Name	Address	Phone
------	---------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Attach a one-page personal statement of why you are seeking assistance from the Zola N. and Lawrence R. Nell Scholarship Trust.

19. **Attach high school and college transcripts.**

Date

Applicant's Signature

All information received will be considered strictly confidential.