## THE J. ARTHUR BOUR AND IZETTA G. BOUR MEMORIAL SCHOLARSHIP FUND Scholarship Application For the 2019-2020 Academic Year

The J. Arthur Bour and Izetta G. Bour Memorial Scholarship Fund was created under the terms of the Last Will and Testament of Izetta G. Bour. ARTICLE TWENTY-FIRST, paragraph 3, provides as follows:

"3. This scholarship fund is established for the benefit of any deserving, financially needy high school graduate of good moral character from Lafayette County, Missouri, for the purpose of providing aid for such students to attend any college or university located within the state of Missouri."

The following personal data is required of high school graduates residing in Lafayette County, Missouri, who desire scholarship assistance to attend any accredited Missouri college or university. Scholarships of up to \$4,000.00 may be awarded, depending upon applicant's financial need and qualifications. *This* scholarship application and all supporting documents must be received by April 1, 2020.

Full name of applicant						
Last		First		Middle		
Permanent address of applica	nt					
	Street		City	County	State	Zip
Mailing address of applicant_						
(If different)	Street		City	County	State	Zip
Telephone number		_ Email address_				
Social Security Number		_ Date of Birth	, I	Place of Birth		
Father						
Name		Address			Occupation	
Mother						
Name		Address			Occupation	
I certify that all statements co	ontained in 1	this application a	re true ar	ıd correct.		
Signature of Applicant			-	Date		
Approval of Parents						
I (we) have read the statement application.	its containe	d in this applicat	ion. They	are accurate a	nd I (we) appi	rove this
Signature of Parent or Guardi	an		- I	Oate		
Signature of Parent or Guardi	an		-	Date		

If you (applicant) are married have:	l, please give your spouse's na	ime as well as the names of ai	ny children you may		
Please list all high schools, other secondary schools, colleges, or universities you have attended:					
Name of School	Address	Attendance Dates	Graduation Date		
individuals must be willing to your qualifications. A sample	uals, other than a relative, con o act as your references, and n e recommendation form is inc hould be mailed directly to the souri 64067.	nust consent to be contacted cluded. Please copy as needed	concerning you and d. The completed		
In what Missouri college, jun	ior college, or university do y	ou plan to enroll:			
In what general field of study	do you plan to enter:				
What honors, awards, schola achievement:	rships, or other special recogr	nition have you received for s	cholastic		
	rities have you participated (p		adership held and		
Please list any civic or comm	unity activities in which you l	nave participated:			
Please list any positions of enthe average time per week yo	nployment you have held and u worked, and your wages or	<del>-</del>	ou were employed,		
Please list any scholarships for receive such aid:	or which you have applied and	l whether you have any reaso	n to believe you will		
Do you own your own autom	obile? If so, please give make	and model:			
Please use the space below to	state your educational object	tives as they relate to your lo	ng range goals in life:		

## Financial Accounting for Applicant Academic Year 2019-2020

Gross summer earnings:			<u> </u>
Employer			
Net earnings during school year	ar:		
Employer	***************************************		
Hours worked per week			
_			
Spouse's gross earnings:		•	
Employer	·		
Net contributions from spouse	e's earnings:		-
Allowances from parents:	Gifts		
*	Loans		
	Veteran's benefits		
Loans from bank(s)			
Amount, name of ban	k and maturity		
Amount, name of ban	k and maturity.		
		<del></del>	
		<u>.</u>	
Other loans			
Other loans			
Amount, name of lend	ler and maturity:		
	_		
Advances from college:			
•			
Loan			
Schol	arship		
Advai	nces from other sources		
TOTA I			
TOTAL			
Estimated college expenses			

## Financial Analysis of Applicant For Academic Year 2019-2020

It is necessary that we ask you to answer the questions below concerning your parents' financial condition to allow us to weigh your financial need with your other qualifications. This information will be kept in the strictest confidence.

Please give the following figures for the most immediate prior tax year:	
Tax exemptions (excluding father and mother):	
Father's employment earnings:	
Mother's employment earnings:	
Total gross income including any non-taxable income:	
Total itemized deductions (if more than \$3,400):	
Number of parents' dependents including applicant who attended college in 2019:	
Total college expenses paid by parents on behalf of dependents including applicant in 2019:	
Number of parents' dependents other than applicant who will attend college in 2020:	
Estimated assets and liabilities as of date of this application:	
Total cash, savings and checking account	
Consumer debt	
Homepresent market value	
Unpaid mortgage	
Investments and other real estatepresent market value	
Unpaid mortgage and related debts	
Business or farm property	,
Unpaid mortgage and related debts	
Parents' estimated income (taxable and non-taxable) for 2020	

Please submit a copy of your (or your parents) most recent Federal Income Tax Form (the page which determines adjusted gross income is all that is needed).

The following is a list of required documentation to be submitted with your completed application:

Transcript of your grades from high school attended
Transcript from any colleges you have attended
Discipline summary from high school attended
(Parents may secure a copy of this from applicant's high school office)
Three (3) letters of reference
Adjusted Gross Income from IRS tax form

Mail your application, completed in its entirety, along with the required documentation and references to:

Bour Scholarship Fund Roy B. Gerhardt Administrative Center 2323A High School Drive Lexington, Missouri 64067

Your application will not be considered until your transcripts and required documentation have been received.

Applications postmarked after April 1, 2020 will not be accepted.

## BOUR MEMORIAL SCHOLARSHIP LETTER OF RECOMMENDATION

NAME OF PERSON RECOMMENDED		
Please state briefly on this page why you believe the person you are recommending is qualified to receive a Bour Memorial Scholarship. Include your assessment of moral character and citizenship, leadership potential, motivation, and desire to complete education.		
,		
Signature of Reference		
Address		