Vernon, Albert and Anna Ohlendorf Scholarship
Application

You must submit your application and supporting materials to First Bank, Attn: Jill Bastian, 4387 North Illinois St., Swansea, IL 62226 no later than March 14, 2025. An application will not be considered unless ALL information is provided at the time of submission. Please keep a copy of your completed application.

The application forms are available from the OTHS Guidance Office or by contacting Jill Bastian, First Bank Wealth Management Group at jill.bastian@fbol.com or (618) 641-2114. Please contact Jill Bastian at First Bank regarding questions in completing your application.

NOTES TO CANDIDATES FOR SCHOLARSHIP

The scholarship is to provide one (1) **potential** four-year scholarship for tuition, books and fees (excluding housing) per year to a graduating senior of O'Fallon Township High School who will be attending an **Illinois college, university or trade school,** has maintained a 3.00 GPA or above/Letter Grade "B" or above, **has financial need** and **not accepting other tuition only based scholarship awards.** The amount of the award will be determined by the amount of income available to distribute each year and may vary each semester.

Preference shall be given to a student attending SIU-Edwardsville. In the event there are no students planning to attend SIUE, then to a student attending an accredited Illinois college, university or trade school. The award to a student not attending SIUE shall not exceed the tuition, books and fees for an in-state student attending SIUE.

A scholarship selection committee which consists of 5 board members has been established to review all applications. The committee is comprised of one (1) board member from O'Fallon Township High School, two (2) independent members (not from O'Fallon) and two (2) members from First Bank. **The number of scholarship recipients and award amounts shall be in the sole discretion of the committee and will vary from year to year.**

Forfeiture of the scholarship award will occur if a recipient (i) does not attend an Illinois college, university, or trade school (ii) ceases to attend an Illinois college, university, or trade school continuously (excluding summer and interim breaks) (iii) ceases to maintain a 3.00 GPA or above/Letter Grade "B" or above (iv) accepts any other tuition based scholarship awards (v) financial information provided on this application cannot be verified or is inconsistent with the tax return(s), Student Aid Report (SAR) and Expected Family Contribution (EFC).

The attached application shall be used and should include SAT and/or ACT scores, grade verification, (2) teacher recommendations, student essay, school/community involvement, Student Aid Report, Expected Family Contribution and Household Financial Statement.

This award is primarily based on financial need and student academic achievement; therefore, if selected, financial information will be verified by the parent(s) and student's current year income tax return.

Applications will not be considered unless ALL information is provided to First Bank prior to the deadline.

I, _____, have read and understand the conditions of the Vernon, Albert and Anna Ohlendorf Scholarship as explained in the *Notes to Candidates for Scholarship*. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Ohlendorf Scholarship program. I understand the application and all attachments will be available only to the Scholarship Selection Committee in the course of their duties. If selected as an Ohlendorf Scholar, I agree to provide official verification of continuous enrollment and prior semester grades as required by the Scholarship criteria.

I affirm that this application, including the personal essay, is my own work or formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date:_____ Applicant's Signature _____

Date:_____ Parent/Guardian Signature _____

Date:_____ Parent/Guardian Signature _____

I, _____, an official representative of O'Fallon High School have reviewed and confirm the student's class rank, grade point average, ACT and SAT scores as provided on page 3 of this application.

Date:_____ OTHS Representative's Signature _____

<u>Do I meet the preliminary scholarship criteria? (All must apply.)</u>

- ☐ I will graduate from O'Fallon High School.
- ☐ I have maintained a 3.00 GPA or above/Letter Grade "B" or above.
- ☐ I will not accept any other tuition-based scholarship awards.
- ☐ I will provide an Acceptance Letter and Student Aid Letter from the college I will be attending.
- ☐ If selected, I understand that the Vernon, Albert and Anna Scholarship check is sent directly to the school and posted to my student account. Any unused portion will be returned to First Bank, Trustee of the Vernon, Albert and Anna Scholarship Trust.
- ☐ If selected, I will substantiate the financial information on this application by providing a copy of the parent(s) current income tax return. If not, why_____.
- ☐ If selected, I will substantiate the information on this application by providing a copy of the applicant's current income tax return. If not, why_____.
- ☐ I will be available for a personal interview, if requested by the Selection Committee.

SECTION 1 - STUDENT INFORMATION

Legal Name:_____

Address:_____

City, State, Zip:_____Date of Birth_____ Age_____

Phone Number _____ Email Address _____

OTHS Class Rank: _____ out of _____

Current Cumulative GPA: _____ (on a 4.0 scale)

Letter Grade: _____

SAT Scores: Composite Score_____ (200 to 1600)

_____Math (800) _____ Reading/Writing (800)

ACT Scores: Composite Score_____ (1 to 36)

_____ English _____ Mathematics _____ Reading _____Science

Will you be attending SIU-Edwardsville? ☐ Yes ☐No

If No, where?_____

Will you be a full-time student? ☐ Yes ☐No

What is your major or area of interest?

_____

What is the approximate cost of tuition per year?

$_____

Where will you live during the school year?

_____ On Campus

Estimated cost per year $_____

_____ Independently (Apartment or Rental Home)

Monthly Rent $_____

_____ With Parents

SECTION 2 – PARENTAL INFORMATION

(You must complete this section even if you do not live with your parent(s). If your parents are divorced or separated each parent is required to, separately, complete Section 2 and 5 of this application. Refer to your parent(s) IRS tax return when necessary. If there are unusual circumstances, please explain on a separate sheet of paper.)

What is your parent(s) marital status as of today?

- ☐ Married/remarried
- ☐ Single
- ☐ Divorced/separated
- ☐ Widowed

Month and year your parents were separated, divorced or widowed? _____

Highest school year father completed

- ☐ Middle school/Jr. High
- ☐ High School
- ☐ College or beyond
- ☐ Other/Unknown

Highest school year mother completed

- ☐ Middle school/Jr. High
- ☐ High School
- ☐ College or beyond
- ☐ Other/Unknown

What was your parent(s) adjusted gross income for 2024? $_____
(Adjusted gross income is on IRS form 1040-line 11)

Parent's Employer (Father/Stepfather):_____

Occupation:_____

How much did your father/stepfather earn from working in 2024? $_____
(Answer the question whether or not a tax return was filed. This information may be on the W-2 forms.)

Parent's Employer (Mother/Stepmother):_____

Occupation:_____

How much did your mother/stepmother earn from working in 2024? _____
(Answer the question whether or not a tax return was filed. This information may be on the W-2 forms.)

How many people are in your parent(s) household, including your parent(s)? _____

How many people in the question above will be college students in 2025- 2026? _____

If more than the applicant, explain:

_____

_____

Is he/she receiving scholarships? _____ If so, what is the amount? _____

Are you, your parent(s) or anyone in your parent(s) household receiving benefits from any of the federal benefit programs listed?

- ☐ Supplemental Security Income
- ☐ Food Stamps
- ☐ Free or Reduced-Price School Lunch
- ☐ Temporary Assistance for Needy Families
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

SECTION 3 – STUDENT INFORMATION

Have you completed a 2024 IRS income tax return?

- ☐ Already completed
- ☐ Will file
- ☐ Will not file

What income tax return did you file or will you file for 2024?

- ☐ IRS 1040
- ☐ IRS 1040A, 1040 EZ
- ☐ Other_____

What was your adjusted gross income reported on 2024 tax return? $_____
(Adjusted gross income is on IRS form 1040-line 11)

Are you employed during the school year? _____ If so, what is the average number of hours you work per week? _____

Are you employed only in the summer? _____ If so, what is the average number of hours you work per week? _____

How much did you earn from working in 2024? $_____
(Answer the question whether or not a tax return was filed. This information may be on the W-2 forms)

Student's Employer:_____

Occupation:_____

SECTION 4 – ADDITIONAL INFORMATION

ON A SEPARATE SHEET OF PAPER ANSWER THE FOLLOWING:

1. List high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance.

2. List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc). Do not repeat items listed previously. List in descending order of significance.

3. List leadership positions held both in school and outside of school. List in descending order of significance.

4. Write a personal essay about why a college education is important to you and how do you see it shaping your future? (700 – 1000 words)

5. If you or your family had unusual circumstances (such as loss of employment) or your financial situation has significantly changed since the 2021 tax return was filed, please explain.

FACE TO FACE INTERVIEWS

Applicants may be required to be interviewed by the committee as part of the selection process. You will be notified of the date, time and place by the OTHS Guidance Office.

SECTION 5 – HOUSEHOLD FINANCIAL INFORMATION *(If your parents are divorced or separated each parent is required to, separately, complete Sections 2 and 5 of this application)*

INVESTMENT ASSETS	Parent(s) Assets	Student Assets
Cash Equivalents:		
Checking & Savings		
CDs		
Marketable Securities:		
Stocks		
Mutual Funds		
Bonds (taxable and non-taxable)		
Real Estate (other than residence):		
Farm		
Rental		
Other		
Residence (approximate market value)		
Retirement Assets		
College Savings Plan (example 529)		
Total Assets:		

LIABILITIES	Parent(s) Liabilities	Student Liabilities
Home Mortgage		
Credit Card Debt		
Car Loan(s)		
Rental Mortgage		
Other Debt (specify):		
Total Liabilities:		

I affirm the financial information contained herein is true and accurate to the best of my knowledge and belief. I will provide supporting documentation, if requested by the Selection Committee, to substantiate this information for eligibility of this scholarship.

Date: _____ **Applicant's Signature: _____**

Date: _____ **Parent's Signature: _____**

Date: _____ **Parent's Signature: _____**

Applications will not be considered unless ALL information is provided to First Bank prior to the deadline. To ensure that you are not disqualified please be certain you have included all the required information by checking off each item:

- ☐ Completed application signed by the student, parent and school representative
- ☐ List of high school activities
- ☐ List of public service and community activities
- ☐ Personal essay
- ☐ Official or unofficial high school transcript
- ☐ Two teacher recommendations (in a sealed envelope)
- ☐ Unusual circumstances letter, if applicable
- ☐ Student Aid Report (SAR)
- ☐ Expected Family Contribution (EFC)
- ☐ Acceptance Letter for College

Vernon, Albert and Anna Ohlendorf Scholarship
Teacher Recommendation

TEACHER: Please return this completed recommendation form in a sealed envelope to the applicant so the he or she may include it in one complete scholarship packet, which must be received with a postmark no later than **March 14, 2025.**

APPLICANT: Please complete the following information and give this recommendation to the teacher who will recommend you.

Applicant Information:

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

The Vernon, Albert and Anna Ohlendorf Trust Scholarship is awarded based on academic achievement, financial need, the potential for future academic excellence, proven leadership qualities, and involvement in community service and meaningful extracurricular activities. All applicants should possess above-average records.

Please rank the applicant on the following:

	Outstanding	Excellent	Very Good	Average	Below Average
Initiative					
Originality & Creativity					
Ability to be analytical or critical					
Ability to communicate orally					
Ability to communicate in writing					
Level of enthusiasm and curiosity					
Maturity					

Any further comments you may have which will distinguish this applicant from others in the applicant pool are appreciated. Please give particular consideration to intelligence, leadership, creativity and capacity for intellectual development. Additional comments can be made on the back of this form or on a separate attached sheet.

Signature: _____

Position Held/Subject Taught: _____

School Phone Number: _____