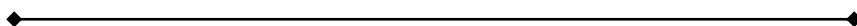


LEE SCHMIDT TRUST SCHOLARSHIP



Application Form

Deadline: Received By April 1st
Incomplete applications will not be considered

Required for application:

1. Completed Application Form (7 Pages)

- a) Only answers submitted on Application form will be considered. Extra pages will be discarded.
- b) Notary Public Seal and signature required with financial information.
- c) Applicants for Full-time and part time (minimum 6 credits) student status will be considered.
- d) Application Essay must be completed in applicant's handwriting and ESSAY page **Signed**.
- e) Each year a new scholarship application is required.

2. Transcripts

- a) **Current Kimberly High School Seniors** must submit transcript and ACT/SAT score (required).
- b) **Past Kimberly Graduates who have not pursued higher education** must submit KHS transcript and ACT/SAT score (required).
- c) **KHS Graduates who have continued their education** must submit official transcripts from post-high school colleges or trade/vocational schools (KHS transcript not required). These must be sent directly to the Trustee.

3. Essay Form S1 (attached). Express to the trustee and selection committee your desire for continuing your education at an Institute of Higher Learning. Essay must be in applicant's handwriting, and **signed** on the attached form and **MUST NOT** exceed 150 words.

Only fully completed applications received by April 1st will be considered

Lee Schmidt Trust Scholarship

Lee Schmidt was born in Kimberly, Idaho, on March 24, 1917, the son of William and Ollie Schmidt. Upon graduation, Lee was encouraged to further his education by a teacher who saw his potential to succeed in college. However, it was decided that he should stay with his family on the farm. Lee continued farming, buying land and improving it, then selling it for a profit. He was an intelligent, well-read man who loved to learn. At the age of 70, Lee was diagnosed with cancer. While reflecting on his past, he decided he could leave something positive for others in the form of scholarships. In accordance with his wishes, this Trust was established to assist graduates of Kimberly High School with financing their college education.

A selection committee will review and recommend scholarship recipients. The Trustee will make final selection for awards. Incomplete applications will not be considered. The eligibility criteria are as follows:

1. The applicant must be a graduate of Kimberly High School.
2. The applicant must have applied to or be enrolled in a vocational or academic institute anywhere in the U.S.
3. The applicant must show financial need and a desire to succeed in an institute of higher learning.
4. The applicant should have a cumulative 2.5 GPA.
5. The completed application must be received by April 1st.

Awards will be made on an annual basis. Scholarship checks will be written to the institution to be spent on tuition and fees, books and other special needs pertaining directly to class requirements. Funds are not intended for personal or social expenditures or for travel. If the Scholarship is not used within one year of being awarded, it will revert back to the Trust. Recipients who do not use awarded monies may reapply the following year, however, this does not guarantee award. Applicants planning to enter either an academic program or a vocational program will be considered with equal merit.

Scholarships awarded vary in amount and historically range between \$500 to \$5,000. The Lee Schmidt Trust Scholarship may be awarded in addition to other scholarships.

Financial need and the student's desire to attend and succeed at an Institute of Higher Learning are given the greatest consideration for awards.

Application Deadline for Fall Semester is April 1st.

Send completed application to:

Trustee
Lee Schmidt Scholarship
2134 Julie Lane
Twin Falls, ID 83301

In 150 words or less and in your handwriting:

**Express to the trustees your desire for continuing your education
at an Institute of Higher Learning.**

Please *sign* this essay.

**Lee Schmidt Trust Scholarship
APPLICATION**

Driver's License # _____

Full Name _____ Social Security # _____

Spouse Name _____ Name and age of Children _____

Maiden Name _____

Permanent Address _____ Phone (____) _____
Street City State Zip Area Number

Date of Birth _____ Place of Birth _____ Age _____ Sex _____
City State

Citizenship – United States (Y/N) _____

Father's Name _____ Phone (____) _____

Father's Address _____
Street City State Zip

Mother's Name _____ Phone (____) _____

Mother's Address _____
Street City State Zip

Name/Age of Brothers _____ Name/Age of Sisters _____

Year of Graduation from Kimberly High School: _____

Which college do you plan to attend? _____

Which profession do you plan to enter? _____

Schools attended:

<i>Name of College or Trade School</i>	<i>Date of Entrance</i>	<i>Dates Attended</i>	<i>GPA</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give names and phone numbers of three (3) individuals not related to you who may be contacted to recommend you for this scholarship.

1. _____
Name Phone Number
2. _____
Name Phone Number
3. _____
Name Phone Number

Student signature and date

LEADERSHIP ACTIVITIES (Submit on this form ONLY; extra pages will be discarded)

SCHOLASTIC

Honors and Awards (state nature of honor or award)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Offices and positions of Leadership (state name of organization, position and year)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Member of Organization where no office was held (*state only major activities* and include name of organization and year: i.e., Key Club - Fresh., Soph., Jr., Sr.)

- | | |
|----------|----------|
| a. _____ | f. _____ |
| b. _____ | g. _____ |
| c. _____ | h. _____ |
| d. _____ | i. _____ |
| e. _____ | j. _____ |

SCHOOL RELATED EXTRA CURRICULAR ACTIVITIES

Honors and Awards (state nature of honor or award)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Offices and positions of Leadership (state name of organization, position and year)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Member of Organization where no office was held (*state only major activities* and include name of organization and year: i.e., Band - Fresh., Soph., Jr., Sr.)

- | | |
|----------|----------|
| a. _____ | g. _____ |
| b. _____ | h. _____ |
| c. _____ | i. _____ |
| d. _____ | j. _____ |
| e. _____ | k. _____ |
| f. _____ | l. _____ |

NON-SCHOOL RELATED CIVIC ACTIVITIES

Honors and Awards (state nature of honor or award) i.e., Eagle Scout (male) or Gold Award (female)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Offices and positions of Leadership (state name of organization, position and year)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

NON-SCHOOL RELATED CIVIC ACTIVITIES (continued)

Member of Organization where no office was held (state only major activities and include name of organization and year: i.e., 4-H, Scouting, Church Groups - Fresh., Soph., Jr., Sr.)

- a. _____ e. _____
- b. _____ f. _____
- c. _____ g. _____
- d. _____ h. _____

State your plans for enrollment in an accredited American college or university: _____

Do you plan to enroll as a full-time student? (Y/N) _____
 Is your spouse enrolled as a student? (Y/N) _____ If yes: _____ Full-time _____ Part-time
 Have you been granted scholarship aid? (Y/N) _____ If so, give details: _____

Do you intend to apply for financial aid at the college(s) you plan to attend? (Y/N) _____ If so, give details: _____

Any current Student Loan indebtedness? _____
 Have you reason to expect scholarship aid from any other source? (Y/N) _____ If so, give details: _____

Are you currently working? (Y/N) If yes: _____ Full-time _____ Part-time
 ("Working" includes any type of job whether or not you are paid, i.e., working regularly in a family business or on the family farm.)
 If so, give details: _____

List gainful employment from the past five years. Employers may be contacted.

Employer	dates of employment	type of employment	total earnings
Employer	dates of employment	type of employment	total earnings
Employer	dates of employment	type of employment	total earnings
Employer	dates of employment	type of employment	total earnings
Employer	dates of employment	type of employment	total earnings

If there is other data to show financial need and general worthiness, please state below:

PERSONAL/PARENTAL FINANCIAL ANALYSIS (KEPT CONFIDENTIAL)

If you are financially independent, use your personal information. (Fed guidelines define financial independence as >age 24 or married. Exceptions to Fed guidelines must be explained)

Father/Stepfather/Guardian's Name: _____ Age: _____ Occupation: _____
 (Circle one)
 Marital status - _____ Married _____ Widowed _____ Divorced _____ Remarried* _____ Deceased

Mother/Stepmother/Guardian's Name: _____ Age: _____ Occupation: _____
 (Circle one)
 Marital status - _____ Married _____ Widowed _____ Divorced _____ Remarried* _____ Deceased

*If you check Remarried, please include step-parent's income in the appropriate section and read our instructions concerning custodial parent. Wherever the word "parent" (mother or father) is used, it will also mean "step-parent".

A.	Father/Stepfather/Guardian's annual income (earned from work)	\$		(A)
B.	Mother/Stepmother/Guardian's annual income (earned from work)	\$		(B)
C.	Other taxable income from parent(s) IRS 1040, previous year (all schedules)	\$		(C)
D.	Parent(s) adjusted gross income from IRS 1040, previous year (bottom line, first page)		\$ (A + B + C)	(D)
E.	All non-taxable income not included above *** (including pensions, IRA/Keogh, Social security/disability benefits, child support, rent-free housing, etc.) *** For Social Security only- Report benefits for parent(s) and other siblings: Do not include benefits received by the applicant.	\$		(E)
F.	GROSS INCOME (total of D + E)		\$	(F)

PERSONAL/PARENTAL FINANCIAL ANALYSIS (continued)

G.	Family size: Include parent(s), student applicant, other dependent children and other family members of applicant's parents are providing more than one half their support		# _____	(G)
H.	Number of dependent children attending college during current academic year (excluding the applicant)		# _____	(H)
I.	Medical and Dental Expenses not paid by insurance	\$		(I)
J.	Estimated current market value of home , if owned	\$		(J)
K.	Amount of unpaid mortgage	\$		(K)
L.	Estimated Home Equity		\$ (J - K = L)	(L)
M.	Farm or business Net Value (% of ownership _____)	\$		(M)
N.	Value of bank accounts	\$		(N)
O.	Value of other investments (CDs, stocks, bonds, etc.)	\$		(O)
P.	Value of rental property	\$		(P)
Q.	Total of other assets		\$ (N + O + P)	(Q)
R.	TOTAL VALUE OF NET ASSETS		\$ (L + M + Q)	(R)
S.	Amount student has from work, savings, assets, etc. (Personal from work) + (Gift/trusts from parents, friends, relatives, etc.)	\$		(S)

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of award. I certify that all information provided is complete and true.

Signed: _____ (father/stepfather/guardian) Date _____

Signed: _____ (mother/stepmother/guardian) Date _____

INACCURATE FINANCIAL INFORMATION WILL JEOPARDIZE CONSIDERATION FOR AWARD

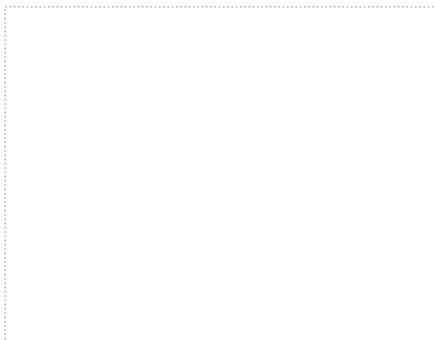
State of _____

: SS

County of _____

On this _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to the within and foregoing document and acknowledged that ____ he _____, executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal _____.
Printed name of Notary Public



Signature of Notary Public

Date Commission Expires