

The Trustees of the Carroll C. Mongan Trust will award scholarships of \$750 each and low interest student loans to students for higher education who reside within Cherokee County, Iowa. Call and discuss the Loan Program with the State Savings Bank of Cherokee, IA at (712) 225-6117.

QUALIFICATIONS: STUDENT MUST BE A RESIDENT OF CHEROKEE COUNTY, IOWA FOR AT LEAST 10 YEARS AND BE ENROLLED IN AN UNDERGRADUATE COURSE OF STUDY AT LEAST HALF-TIME WITH ONE OR MORE YEARS OF SCHOOL REMAINING.

Apply to the Carroll C. Mongan Trust c/o State Savings Bank, P O Box 966, Cherokee, IA 51012.

To apply for a Carroll C. Mongan Trust Scholarship or Loan, you must complete the application and check list at the end of this form.

CARROLL C. MONGAN SCHOLARSHIP & LOAN PROGRAM
STUDENT APPLICATION
2013 - 2014 School Year

Postmark Deadline: **April 01, 2013**

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES

If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

Aid requested: [] Scholarship [] Low Interest Loan [] Either Scholarship or Loan

APPLICANT DATA

Name _____ Social Security Number _____
Last First Middle Initial

Mailing Address _____
Street Apt City State Zip

Physical Address _____
Street Apt City State Zip

Date of Birth _____ Telephone Number: _____

Employer: _____ Occupation _____

Length of Time at Above Address _____ Length of residence in Cherokee County _____

APPLICANT BACKGROUND

Names and Address of: Parents, Brothers and Sisters (show relationship to you)

FAMILY HISTORY

Father's Employer _____ Length of Occupation _____

Mother's Employer _____ Length of Occupation _____

Length of Residence in Cherokee County, Iowa _____

List any parent, grandparent, sibling or yourself who has served or is serving in the military forces of U.S.A.:

Name: _____ Relationship to you _____ When _____

Where _____ How Long _____

Social Security Number or Military Number of such family member: _____

Name: _____ Relationship to you _____ When _____

Where _____ How Long _____

Social Security Number or Military Number of such family member: _____

Number of dependents living in your family home _____

Does your family own or rent your home _____

The number of your family members presently attending college _____

REFERENCES

Are there any references that may be contacted? Please list name, address and telephone number for each.

HIGH SCHOOL DATASchool Name _____ Graduation Date _____
Month/Year

Attach a copy of your current Report Card or Transcript.

APPLICANT APPRAISAL (Optional) Applicant is encouraged to obtain this completed information. To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant. (The Trustees are given permission to obtain this information.)

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

If applicant has been awarded any other grants or financial aid, please list.

Comments _____

Appraiser's Signature _____ Title & Telephone Number _____ Date _____

Appraiser's Business Address (street) _____ (city) _____ (state) _____ (zip code) _____

IMPORTANT TRANSCRIPT INFORMATIONApplicant ranks _____ in class of _____. Cumulative grade point average on 4.0 scale _____
PSAT: Verbal _____ Math _____ SAT: Verbal _____ Math _____ Composite _____
ACT Test Scores: English _____ Math _____ Composite _____

School Official's Signature _____ Title & Telephone Number _____ Date _____

School Address (street) _____ (city) _____ (state) _____ (zip code) _____

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

OFFICIAL RULES

In order to be eligible for a scholarship or a loan, applicants must complete the application form in its entirety and return it to the State Savings Bank, a Trustee of the Carroll C. Mongan Trust, by the entry postmark deadline, **04/01/2013**. All applications will be screened on the basis of residence, participation in community activities, school activities, grade point average, need and a Veteran's preference.

Recipients will be notified by mail. This is void where prohibited. All federal, state, and local laws, and regulations apply. Recipients will be required to sign and return an Affidavit of Eligibility/Release of Liability. No transfer of scholarship is permitted. Offer open to all residents of Cherokee County, Iowa who plan to attend an accredited post-secondary school at least half-time in the fall of the coming year and have resided in Cherokee County for at least 10 years.

Employees of State Savings Bank, of the Trustees of the Carroll C. Mongan Trust, of the attorney(s) or otherwise and the families of each are not eligible. An applicant is only eligible to receive one award.

All scholarships and loans made by the Carroll C. Mongan Trust will be reported to the Cherokee County District Court on the Annual Report made by the Trustees each year.

CARROLL C. MONGAN SCHOLARSHIP PROGRAM

CONTACT: Trust Officer	Robert L. Grant, Trustee	John P. Loughlin
State Savings Bank	809 W Cherry St	Loughlin Law Firm
200 S 2 nd St, P O Box 966	Cherokee, IA 51012	231 W Maple St
Cherokee, IA 51012	(712)225-2411	Cherokee, IA 51012
(712)225-6117		(712)225-2514

APPLICATION CHARACTERISTICS:

1. The student must plan to attend a higher education facility to earn a degree.
2. The student must be a member of the senior class, or an undergraduate with at least one year remaining.
3. The student should show a strong desire to do the best possible job, and obtain further education.
4. The student can attach current Report Card or Transcript.
5. The student can attach at least two completed recommendations.
6. The student should show need for scholarship.
7. Attach a copy of the Application for Federal Student Aid Form.

AMOUNT OF SCHOLARSHIP: \$750.00

SELECTION: The selection will be made by the Board of Directors of the Carroll C. Mongan Trust along with recommendations.

PAYMENT PROCEDURE: The Trustee will pay the higher education facility when the student pays his/her tuition statement.

CARROLL C. MONGAN LOAN PROGRAM

The Trustees of this Trust plan to make loans available annually under the terms of this Trust, on a low interest repayment program with four percent (4.00%) annual interest.

Purpose of the Loan and Repayment Plan

Loan and interest shall be amortized over the seven-year period of the loan commencing with a repayment date as established by the Trustees. The purpose of the loan repayment plan is to perpetuate and provide for increased educational loans in the community. It is recommended, as determined by the Trustees, that the loan be a maximum of \$8,000.00 over a four year period and the Trustees shall have discretion in making, repayment, and collection of any of these loans. No interest is charged until six months after student has completed college or becomes less than a half-time student.

Names, Relationship and Addresses of Loan Guarantors (Those willing to sign the loan with you.)

Loan Disbursements - The loans will be disbursed as determined by the Trustees to the educational institution when the student has obligated himself/herself to attend.

CARROLL C. MONGAN TRUST

LOW INTEREST STUDENT LOAN

STATE SAVINGS BANK
200 S 2nd St, P O Box 966
Cherokee, IA 51012
(712) 225-6117

The Carroll C. Mongan Trust provides low interest student loans each year. The maximum amount of the loan is \$8,000.00. A maximum of \$2,000.00 is advanced at the beginning of each school year.

The student and a parent co-signer will sign a promissory note prior to any loan disbursement. Interest on this note begins accruing six (6) months after the student has completed college, or six (6) months after the student becomes less than a half-time student. Interest will accrue at the fixed rate of 4.00% per annum. The repayment term for the loan is seven years (eighty-four months) beginning one month after the loan begins to accrue interest.