

Midwest Rail Craft Scholarship Foundation

ELIGIBILITY:

Applicant must be a child or grandchild of a member or deceased member of any craft associated with any railroad, who has been accepted by an accredited school for admission and needs financial assistance in order to attend college.

Awards will be made by the majority vote of the Scholarship Committee.

In order to be considered, this application must be completed and received no later than June 15 each year. **Applicant must hold residence in: Kansas, Missouri, Iowa, Oklahoma, Texas, Minnesota, Nebraska, Illinois or Arkansas.**

This section must be completed by applicant:

Name: _____ SS#: _____
 Last First Middle Initial

Street: _____ City: _____

State/Province: _____ Zip Code: _____ Phone: _____

Date of Birth: _____ School attended: _____

Date will graduate: _____ Number in class: _____ Rank in class: _____

College Board exam scores: Math _____ Verbal _____

Name of parent, grandparent or guardian: _____

Name of other parent, grandparent or guardian: _____

Railroad union of parent, grandparent or guardian: _____

Division or Lodge number: _____

Railroad employer of parent, grandparent, or guardian: _____

Number of brothers and/or sisters living at home and financially dependent on parents, grandparents or guardian(s) for support: _____;
number of those in college: _____

List colleges to which you have applied

Accepted? (Y or N)

_____	_____
_____	_____
_____	_____
_____	_____

Approximate tuition cost per year: \$_____ Room/Board: \$_____

Courses of study you intend to pursue: _____

Positions held in gainful employment, periods of employment, average time employed, earnings, etc. (include part-time and/or summer jobs):

Amount you have saved from work, gifts, assets, etc.: \$_____

Are you currently working? ___No ___Yes If yes give details:

Do you expect to earn money in college? ___No ___Yes If yes give details:

What financial assistance do you expect to receive toward college expenses?

From parents: \$ _____ Loans: \$ _____

Scholarships: \$ _____ Other: \$ _____

Scholarships you have applied for and/or received:

_____	Date received: _____
_____	Date received: _____

Parental Financial Analysis

(Confidential)

When completing this section, provide information on Parents or Stepparents who have financial responsibility for the applicants.

Father's/Stepfather's

Name: _____ Age: _____ Occupation: _____

Mother's/Stepmother

Name: _____ Age: _____ Occupation: _____

- A. Father's/Stepfather's last years' income: \$ _____ (A)
- B. Mother's/Stepmother's last years' income: \$ _____ (B)
- C. Other Taxable Income from parent(s) from IRS 1040: \$ _____ (C)
- D. Parent(s) adjusted gross income from IRS 1040: \$ _____ (D)
(A+B+C)

If you have not filed your tax return, you must estimate your adjusted grow income for last year.

- E. All non-taxable income not included above** (pensions, IRA/Keogh, Social Security/disability benefits, child support, rent-free housing, etc.): \$ _____ (E)

**For Social Security only, report benefits for parent(s), student and other siblings. Do not include benefits received by the applicants.

- F. GROSS INCOME (Total of D+E) \$ _____ (F)
- G. Last Year's medical and dental expenses not paid by Insurance: \$ _____ (G)
- H. Total market value of home this year: \$ _____ (H)
- I. Amount of unpaid mortgage: \$ _____ (I)
- J. Home equity: \$ _____ (J)
- K. Farm or business? Yes _____ No _____

L.	Market Value:	\$ _____	(L)
M.	Mortgage:	\$ _____	(M)
N.	Farm or business equity:	\$ _____	(N)
		(L-M)	
O.	Value of bank accounts:	\$ _____	(O)
P.	Value of other investments:	\$ _____	(P)
Q.	Value of other rental property:	\$ _____	(Q)
R.	Total of other assets:	\$ _____	(R)
		(O+P+Q)	
S.	TOTAL VALUE OF NET ASSETS:	\$ _____	(S)
		(J+N+R)	

Please explain any extenuating circumstances (widowed, divorced, illness, etc.)

To the best of your knowledge, this is a complete and correct statement of your financial situation and we certify that without scholarship, college will be impossible.

SIGNATURES:

Father/Stepfather _____ Date: _____

Mother/Stepfather _____ Date: _____

This information will be kept strictly confidential

Leadership Activities Scholastic

Honors and Awards (state nature of honor or award)

a. _____

b. _____

c. _____

d. _____

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

a. _____

b. _____

c. _____

d. _____

Member of Organization where no office was held (state name of organization and year (e.g. Key Club 2, 3)) (state only major activities)

a. _____

b. _____

c. _____

d. _____

School Related Extra Curricular Activities

Honors and awards (state nature of honor or award)

a. _____

b. _____

c. _____

d. _____

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

a. _____

b. _____

c. _____

d. _____

Member of Organization where no office was held (state name of organization and year (e.g. Key Club 2, 3)) (state only major activities)

a. _____

b. _____

c. _____

d. _____

Non-School Related Civic Activities

Honors and awards (state nature of honor or award (e.g., Eagle Scout-men or Gold Award-women))

a. _____

b. _____

c. _____

d. _____

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

a. _____

b. _____

c. _____

d. _____

Member of Organization where no office was held (state name of organization and year (e.g. Scouting, 4-H, etc.)) (state only major activities)

a. _____

b. _____

c. _____

d. _____

REQUIRED SIGNATURES:

Applicant: _____ Date: _____

Parents or Guardian: _____ Date: _____

_____ Date: _____

School Activities/Guidance Dept.: _____ Date: _____

Current High School Graduate must forward a copy of SAT/ACT and official sealed and stamped transcript of grades. Those in college, must forward a copy of grades for last semester completed.

Applications received after June 15th will not be considered

Return application to:

**MWRCSF
C/O James A. Keele, S/T
28420 Old Kansas City Road
Paola, KS 66071**