

Please review scholarship guidelines before completing.

## Dr. Robert D. Rowley Memorial Scholarship

Please return application by April 30, 2024 to  
Two Rivers Bank & Trust  
Two Rivers Wealth Management,  
P.O. Box 728, 222 N. Main Street  
Burlington, IA 52601  
Phone 319-753-9132; e-mail [anelson@tworivers.bank](mailto:anelson@tworivers.bank)

Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_  
(street) (city/st/zip)

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Cell Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Yes  No I attended high school in one of the following Iowa counties:  
Des Moines, Lee, Henry or Louisa (**CIRCLE COUNTY**)

Yes  No My primary residence is in one of the following Iowa counties:  
Des Moines, Lee, Henry or Louisa (**CIRCLE COUNTY**)

I will attend one of the following colleges or universities:

- Southeastern (Iowa) Community College
- Iowa Wesleyan University
- University of Iowa

Yes  No The classroom credits I earn during the next school term will count towards the degree or certificate requirements of my healthcare field (Any prerequisite courses or degrees and preparatory work does not qualify, e.g., study for pre-med undergrad degree does not qualify).

Educational Objective (healthcare field; degree or certificate, e.g., Nursing, BSN Degree)

\_\_\_\_\_ Healthcare Field \_\_\_\_\_ Degree or Certificate

Total years it takes to complete degree requirements \_\_\_\_\_

Number of years you have completed so far \_\_\_\_\_

Financial Information:

Total annual cost for tuition and fees \$ \_\_\_\_\_, and books \$ \_\_\_\_\_.

Of the above costs, how much will be furnished by other sources (scholarships, grants, college savings accounts (529 plans), etc.)? \_\_\_\_\_

What amount of student loans do you expect to use to pay costs? \$ \_\_\_\_\_

What is your current student loan balance? \$ \_\_\_\_\_

If claimed as a dependent on parents U.S. tax return, please provide the following:

Parents Adjusted Gross Income on U.S. tax return \$ \_\_\_\_\_

Number of other dependent children \_\_\_\_\_

Number of dependent children in college (self included) \_\_\_\_\_

If not claimed as a dependent by parents, please provide the following:

Your Adjusted Gross Income on most recent tax return \$ \_\_\_\_\_

Place of Employment \_\_\_\_\_

Average number of hours worked per week \_\_\_\_\_

**Attach a single page on which you inform us about: (1) your motivation or inspiration for pursuing a college education and/or selecting your field of study, and (2) other information that would be helpful to the selection committee in its selection process, including personal or family circumstances. Avoid general comments about the high cost of a college education. (This is your opportunity to tell us more about yourself.)**

**Attach a transcript of grades for all completed coursework at the college level, or if no college courses have been completed, attach a high school transcript, if available.**

By signing this application the undersigned agrees to the following conditions:

1. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
2. If I am awarded a scholarship and do not complete the first semester of study at the prescribed college, I agree to refund the scholarship money. (Extenuating circumstances may be reviewed by the committee.)
3. Permission is granted for a press release that publicizes that I have received the scholarship.
4. If I am a recipient, I will abide by the general rules of the selection committee applicable to all scholarship award recipients, e.g. providing a transcript of grades at semester end.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_