

**CHESEBRO/CUSHMAN/KYSER SCHOLARSHIP FUND**

1. Scholarships will be restricted to: Graduates of High Schools in Livingston County, Illinois.
2. Preference will be given to applicants who graduated from Saunemin Elementary District 438.
3. The evaluation of qualifications of eligible applicants shall include, but not be limited to, the following: SAT/ACT Scores, Grade Point Average, Class Ranking, References, School and Community Activities, the Essay, Honors, and Academic Aspirations.
4. Preference will be given to applicants who plan to physically attend a four year academic program on a full time basis.
5. Applicant may opt to apply for a larger scholarship based on need.
6. The applicant need not be a recent high school graduate.

**INSTRUCTIONS:**

1. Be sure to complete the 2023-2024 application.
2. Applications and all attachments must be **received** on or before MARCH 1, 2023.
3. Submit application to State Bank of Graymont, **Saunemin** or **Pontiac** Branch, or mail to State Bank of Graymont, P.O. Box 350, Saunemin, IL 61769.
4. Applications which are incomplete or do not include all required attachments will not be considered. Order college transcripts as soon as fall grades are posted to insure delivery of all materials. It would be wise to pick up transcripts and recommendations and include them with your applications.
5. Please type or print the application.
6. For any item on the application form, if there is insufficient room for you to answer fully, please attach additional sheets. Put your name on each sheet and identify each item on the application to which your additional information relates.
7. Unless you are applying for a scholarship for graduate school, even if you have attended school after high school, **you must attach your most recent OFFICIAL high school transcript - even if you submitted one with a prior application.** Copies and Internet printouts are not acceptable.
8. If you have attended any school after high school, you must also attach official transcripts provided **by every one of the educational institutions you attended.** Copies and Internet printouts are not acceptable.
9. Submit a current independent letter of recommendation from one of your high school or college faculty members. If you have completed at least one year of college, you must submit a recommendation from a college faculty member.
10. Submit an essay (250 words or fewer) about your career goals and how this scholarship might affect your options.
11. Complete Schedule A (page 3) if you are applying based on need and include Form 1040 information and FAFSA confirmation. If not, just sign page 2.
12. Unless you will be finishing before the end of the upcoming school year (see question 24), the policy of the school you will be attending will determine the allocation of the scholarship to the school terms. Terms not attended may result in a partial refund of your scholarship.

APPLICATION, LETTER OF RECOMMENDATION, ALL TRANSCRIPTS, AND ALL SUPPORTING DOCUMENTS MUST BE PHYSICALLY PRESENT AT EITHER BRANCH OF THE BANK BY THE CLOSE OF BUSINESS ON MARCH 1, 2023.

Having been selected to receive a scholarship does not guarantee that the applicant will receive future scholarships.

Recipients of this scholarship will be required to sign an acceptance of the scholarship including an agreement to return funds if college attendance plans change.

Scholarship Trustees: Taylor F. Johnson, Dennis Stephens, M.Catherine Lannon,  
Charles Hanley, Dianne Hanley, and Cheryl O'Donnell.

2023-2024  
CHESEBRO/CUSHMAN/KYSER SCHOLARSHIP APPLICATION

1. FULL LEGAL NAME: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
4. TELEPHONE NUMBER(S): Home: \_\_\_\_\_ Cell: \_\_\_\_\_
5. EMAIL ADDRESS: (If you provide your email address, we may communicate with you electronically. If you prefer to be contacted by postal mail or do not have an email address, please leave this item blank.)  
\_\_\_\_\_
6. GIVE NAMES OF PARENTS OR GUARDIANS IF YOU ARE THEIR DEPENDENT:  
\_\_\_\_\_
7. ADDRESS OF PARENTS OR GUARDIANS, IF DIFFERENT FROM YOURS:  
\_\_\_\_\_
8. Are you are resident of the Saunemin Grade School District or were you a resident of that area while you attended high school? Yes \_\_\_\_ No \_\_\_\_
9. What is the name of the Livingston County high school you graduated from or will graduate from?  
\_\_\_\_\_
10. What year did you or will you graduate from high school? \_\_\_\_\_
11. During what period of time have you resided in the Saunemin Grade School District? \_\_\_\_\_
12. Do you have any other connection to the Saunemin Grade School District?  
\_\_\_\_\_
13. List school activities (including volunteer activities), and positions held. Be sure to note the year(s) for each activity.  
\_\_\_\_\_  
\_\_\_\_\_
14. List community activities (including volunteer activities), and positions held. Be sure to note the year(s) for each activity.  
\_\_\_\_\_  
\_\_\_\_\_
15. List any academic honors you have received. \_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been suspended from any school activities? Yes \_\_\_ No \_\_\_. If yes, please explain:  
\_\_\_\_\_
17. IF YOU ARE NOT A RECENT HIGH SCHOOL GRADUATE, what is the reason you are planning to attend college at this time? \_\_\_\_\_  
\_\_\_\_\_
18. College of your choice: \_\_\_\_\_
19. Have you been accepted, or are you currently attending? \_\_\_\_\_
20. Where else have you applied? \_\_\_\_\_  
\_\_\_\_\_
21. Degree you are seeking: \_\_\_\_\_
22. Proposed major field: \_\_\_\_\_
23. When you begin the academic year starting next fall, what will be your year in school?  
Undergraduate Year 1 2 3 4 5 (circle one) Masters Program Year \_\_\_\_\_ Doctoral Program Year \_\_\_\_\_
24. Expected college graduation date: \_\_\_\_\_ / 20\_\_\_\_ (mm/20yy)  
If you indicate that you will be graduating before the end of the next school year, your school will be authorized to apply all of your scholarship to the period prior to your graduating.
25. Do you intend to be a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
26. Will you be physically attending the school, or will you be participating in an on-line program? \_\_\_\_  
\_\_\_\_\_
27. Are you applying on the basis of need? Yes \_\_\_\_\_ Attach Schedule A. No \_\_\_\_\_

- Required attachments:**
1. Official high school and post-high school transcripts per instructions (unless excused-see instruction 7 above)
  2. Essay as per instructions
  3. Current letter of recommendation as per instructions
  4. Schedule A, if you are using it, along with the following:
    - a. Copies of IRS Form 1040(s)
    - b. FAFSA Confirmation showing the family contribution amount

I certify that the information in the application, including Schedule A if applicable, is true and correct and that the information will be used by the trustees to determine qualification and amount of scholarships.

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

Scholarship amounts may be increased based on need. If you wish to be considered for an additional amount, fill out Schedule A and include the required attachments.

Scholarship amounts may be increased based on need. If you wish to be considered for an additional amount, fill out Schedule A on this page.

If you are not applying on the basis of need, omit the information on this page, but sign and date on page 2 above.

## SCHEDULE A

### NEED BASED INFORMATION

1. What was your ADJUSTED GROSS INCOME for the tax year ending prior to the date of this application? \_\_\_\_\_  
\_\_\_\_\_
2. What was the ADJUSTED GROSS INCOME for the tax year ending prior to the date of this application of your parents or guardian IF YOU WERE THEIR DEPENDENT? \_\_\_\_\_
3. How many in your household? Include parents, dependent children, and others dependent on the head of the household. \_\_\_\_\_
4. What is the Estimated EXPECTED FAMILY CONTRIBUTION amount from the acknowledgment received after finalizing your FAFSA application? \_\_\_\_\_  
**ATTACH A COPY OF YOUR FAFSA CONFIRMATION SHOWING THE FAMILY CONTRIBUTION AMOUNT.**
5. Do you expect to receive an academic or athletic scholarship from the college you plan to attend? YES \_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_. If yes, give details \_\_\_\_\_  
\_\_\_\_\_
6. EXPECTED EXPENSES:  
Tuition and fees: \_\_\_\_\_  
Room and Board or Commuting: \_\_\_\_\_  
Books, Supplies & Other Expenses: \_\_\_\_\_  
Total Expenses: \_\_\_\_\_

SUBMIT THE FIRST TWO PAGES OF YOUR FORM 1040 TAX RETURN, AND THE FORM 1040 TAX RETURN OF THE PERSON(S) WHO CLAIMS YOU AS A DEPENDENT TO THIS APPLICATION. (Do not include Form 1040 attachments).

**Be sure all social security numbers, tax ID numbers, and bank account information on any attached tax returns are completely blacked out.**