LOUIS-EDWARD NICKLIES SCHOLARSHIP FUND
HIGH SCHOOL GRADUATING SENIOR APPLICATION

The Louis-Edward Nicklies Scholarship Fund was established by the late Marguerite Elizabeth Nicklies to assist students who wish to pursue a career in Law, Engineering, Teaching, Medicine, or Christian Ministry at any accredited college, university, or School of Divinity located in Jefferson County, Kentucky.

STUDENT ELIGIBILITY
To be eligible for the Louis-Edward Nicklies Scholarship, a student must:

• Be a graduate of a public, parochial or private high school in Jefferson County, Kentucky.
• Have an academic record indicating the ability to succeed at the undergraduate/graduate level of study.
• Have taken the Scholastic Aptitude Test or the American College Test.
• Be accepted by, or enrolled in, an accredited college, university or School of Divinity and primary campus located in Jefferson County, Kentucky as a full-time student. Full time students must carry at least 12 hours.
• Demonstrate financial need.

TO APPLY FOR THE LOUIS-EDWARD NICKLIES SCHOLARSHIP
A STUDENT MUST SUBMIT:

• A student application form
• A Confidential Financial Information form
• An official high school transcript
• A letter of recommendation from your high school guidance counselor
• Personal Statement Form

Each component of your application must be complete, providing all requested information in detail. Incomplete applications will automatically disqualify an applicant from consideration for a scholarship.

Applications and all supporting documentation must be RECEIVED NO LATER THAN FRIDAY, MARCH 27, 2015 in the office of:

Richard G. Carnes
PNC Institutional Investment Group
101 South Fifth St.
37th Floor
Louisville, KY 40202

NO APPLICATION WILL BE ACCEPTED AFTER THE DEADLINE DATE.

SELECTION PROCESS
After reviewing each student application, personal statement form, confidential financial information form, official academic transcript and counselor’s letter of recommendation, the Scholarship Selection Committee will notify the selected recipients in writing no later than MAY 18, 2015.

RENEWALS:
All previous applicants must reapply each year to have their scholarship renewed. Renewals will be granted based on funds available and grades for past year.
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Student Name ____________________________ SS# ___________ DOB ___________
Last          First          Middle

Address: __________________________________________ Phone No. ________________
No. and Street

City          State          Zip

Sex: Male _____ Female _____

PERSONAL INFORMATION
Name of Father __________________________________________ Living _____ Deceased _____

Address __________________________________________
No. and Street

City          State          Zip

Occupation ____________________________ Where Employed __________________________

Name of Mother __________________________________________ Living _____ Deceased _____

Address __________________________________________
No. and Street

City          State          Zip

Occupation ____________________________ Where Employed __________________________

Check with whom you are living: Both parents _____ Father _____ Mother _____ Self _____ Other _____
(Please Identify)

List brother(s)/sister(s) living at home with family, or children in applicant’s family at home.
NAME ____________________________ SIBLING (✓) CHILD (✓) AGE SCHOOL NOW ATTENDING ____________________________

ACADEMIC INFORMATION
1. High school now attending: ____________________________

2. College you plan to attend: ____________________________ (must be located in Jefferson County, KY)

3. Have you been accepted by the above college? Yes _____ No _____

4. Check field of work you plan to enter upon graduation from college.
   Law _____ Engineering _____ Teaching _____ Medicine _____ Ministry _____

5. How do you plan to pay tuition costs (in % if possible)? Parent(s) _____ Loans _____ Scholarships _____ Savings _____

I certify that the information provided in this application is complete and accurate.

_____________________________ ____________________________
Signature of Student                      Date

Mail to: Richard G. Carnes, PNC HIC, 101 South Fifth St., 37th Floor, Louisville, KY 40202 by March 27, 2015.
HIGH SCHOOL GRADUATING SENIOR PERSONAL STATEMENT

Applicant's Name

PLEASE TYPE OR PRINT CLEARLY

A statement listing your extra curricular, leadership, and community service activities.

EXTRA CURRICULAR ACTIVITIES:

LEADERSHIP ACTIVITIES:

COMMUNITY SERVICE ACTIVITIES:

Please forward this statement with your student application form, Confidential Financial Information form, official academic transcript and guidance counselor letter of recommendation by March 27, 2015.
CONFIDENTIAL FINANCIAL INFORMATION
HIGH SCHOOL GRADUATING SENIOR APPLICATION

Student Name _______________________________ SS# ____________ DOB ____________
Last First Middle

The following information will be used by the Nickles Scholarship Committee in considering your application, and will be treated as CONFIDENTIAL, PERSONAL INFORMATION.

1. Check with whom you are living: Both Parents _____ Mother _____ Father _____ Other _____ (Please identify)

2. Are you employed? Yes _____ No _____ If yes, are you? Full Time _____ Part Time _____

3. Will a parent claim you as an income tax exemption for 2014? Yes _____ No _____ OR Are you self-supporting? Yes _____ No _____

4. Please complete the appropriate columns regarding income and expense information as shown on 2014 Federal and State Income Tax Returns:

A. Total number of exemptions claimed?

Student/Spouse

Parent(s)

B. 2014 Adjusted Gross Income reported on Federal tax return?

$ ____________ $ ____________

C. 2014 total Federal Income Tax paid?

$ ____________ $ ____________

D. 2014 Adjusted Gross Income reported on KY tax return?

$ ____________ $ ____________

E. Total KY State Income Tax paid?

$ ____________ $ ____________

F. 2014 income earned from work by:

Student $ ____________ Father $ ____________

Spouse $ ____________ Mother $ ____________

5. 2014 Aid and Benefits (Other)

A. Social Security

$ ____________ $ ____________

B. Aid for Dependent Children

$ ____________ $ ____________

C. Other Benefits

$ ____________ $ ____________

6. A. If student lives with parent(s), is home owned

Owned ____________ Rented ____________

Monthly Mortgage $ ____________ Mo. Rent $ ____________

B. If student lives alone or with spouse, is home owned

Owned ____________ Rented ____________

Monthly Mortgage $ ____________ Mo. Rent $ ____________

No. of Dependents ____________

7. Other tuition assistance awarded:

A. Grants

$ ____________

B. Scholarships– Please list name(s) and amount(s) and attach to application

$ ____________

C. Awards

$ ____________

8. Are there special circumstances to be considered by the committee? Yes _____ No _____

If yes is checked, please attach an explanatory statement.

9. For any missing information, please provide explanation:

__________________________________________________________

Signature of Student ___________________________ Date ____________

NOTE: FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN AN APPLICATION BEING DISQUALIFIED.