

**P MICHAEL MCKAY AND MARGARET R MCKAY CHARITABLE TRUST SCHOLARSHIP**  
**HNB National Bank Trustee**  
**PO Box 1107, 2903 Palmyra Rd, Hannibal, MO 63401**  
**GENERAL INFORMATION**

The P Michael McKay and Margaret R McKay Charitable Trust was created by P Michael McKay and Margaret R McKay. The purpose of the trust is to provide tuition assistance through scholarships for students who are studying to obtain an undergraduate degree in education or a seminary degree in the ministry.

**Conditions of Scholarship Award:**

1. Scholarship will be in the amount of estimated income of Trust for the previous year.
2. Recipient will be selected by a committee made up of Trust Officer of the Trustee, who will act as Chairman, P Michael McKay and Margaret R McKay. The remaining members will be selected by the Trust Officer.
3. Payment will be made directly to school & recipient upon verification student is enrolled in said school
4. Scholarship monies shall only be utilized for the tuition charged by an accredited college or university.
5. Any scholarship awarded pursuant to the trust agreement shall contain a maximum award for an academic school year of \$5,000.00.
6. Finalist may be interviewed by the Scholarship Committee

**Qualifications and Factors Committee may consider of Applicant:**

1. Must be graduate of a high school with its physical location located in one of the following counties of the state of Missouri: Ralls, Pike, and Marion
2. Must be of good moral character.
3. Financial need of applicant
4. The academic record of said applicant while in high school.
5. The aptitude of said applicant for probable success in a college or university setting.

**Formal Application Must Include:**

1. A **completed** P Michael McKay and Margaret R McKay Charitable Trust Application Form, signed **by** the applicant and parent or guardian by **April 1, 2020**.
2. High School transcript which includes all seven semester grades.
3. A family financial statement. Enclose copy of 1st and 2<sup>nd</sup> page of 1040.
4. Two letters of reference with at least one letter of reference from a school teacher, principal or counselor and one from an adult non relative.

**Eligibility for a Continuation of a Scholarship**

1. Must obtain a C average for the preceding academic year
2. Must provide proof of the actual tuition charge from the institution.
3. Verification that said applicant has re-enrolled for the upcoming academic year at said institution.
4. A Certified copy of said applicant's transcript with said institution for prior academic year.
5. Must convince the trustee that the applicant has and is receiving credit for sufficient credit hours to allow applicant to receive this or her

bachelors degree in appropriate period of time.

6. Any one applicant may only receive the annual scholarship four times.

Each Student annually that is selected for a college scholarship, shall receive a notice that he or she has been awarded the scholarship and said notice shall contain among other things as the Trustee may determine that "The P Michael McKay and Margaret McKay Trust Fund Scholarship for graduating high school seniors has been established to honor the memory of P Michael McKay and Margaret R McKay and it is hoped that it will serve as an inspiration for students to strive for a better education"

## P MICHAEL MCKAY AND MARGARET R MCKAY SCHOLARSHIP

### Application Form

Must be studying to obtain an undergraduate degree in Education or a Seminary degree in Ministry

I hereby make application for the P. Michael McKay and Margaret R McKay Scholarship.

I intend to enroll in \_\_\_\_\_ for the term  
beginning \_\_\_\_\_, 20\_\_\_\_\_.

I plan to graduate from \_\_\_\_\_ High School, \_\_\_\_\_/\_\_\_\_\_.  
(Month) (Year)

Name \_\_\_\_\_  
(Last) (First) (Middle) (Mr., Miss, Mrs.)

Social Security # \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code & Number)

Home Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

County \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Is anyone dependent upon you for support? ( ) Yes ( ) No

If yes, name and relationship \_\_\_\_\_

Check the following items to indicate how you plan to pay your expenses not covered by the scholarship. ( ) Money furnished by family; ( ) Earnings during summer; ( ) Student employment; ( ) other means.

Please list the community activities in which you have participated while in school:

List any special honors or awards received in school or in the community while

in school:

On a separate sheet of paper please write a short essay discussing your career plans, telling why you have selected the particular career. Remember that you must be studying to obtain an undergraduate degree in education or a seminary degree in ministry to qualify. In addition discuss your current primary areas of interest.

I certify that to the best of my knowledge all information given is true and correct.

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(Signature of Applicant)

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(Signature of Parent or Gdn.)

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(Date)

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(Date)

**P MICHAEL MCKAY AND MARGARET R MCKAY SCHOLARSHIP**

**FAMILY FINANCIAL STATEMENT  
(CONFIDENTIAL)**

**One consideration for scholarship eligibility is family financial need as it relates to the student's ability to obtain further education.**

**Name of Applicant** \_\_\_\_\_

**Address of Applicant** \_\_\_\_\_

**Father** \_\_\_\_\_  
(Name) (Occupation)

**Mother** \_\_\_\_\_  
(Name) (Occupation)

**With whom do you live?** \_\_\_\_\_  
(Name) (Relationship)

**List below all members of your family dependent upon this income statement.**

<b>Name</b>	<b>Ag e</b>	<b>Grade in School</b>

**List additional names on the reverse of this form if necessary.**

**Parent or Guardian's Gross Income as reported on IRS Form 1040 or 1040A the previous year. (Attach First and Second Page of 1040 or 1040A)**  
**\$** \_\_\_\_\_

**Unusual expense to family income that would affect funds for college:**

\_\_\_\_\_  
**Example (other children in College, Medical) (Cost Amount)**

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**FAMILY FINANCIAL STATEMENT  
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**PLEASE PROVIDE ONE YEAR'S COLLEGE EXPENSE IN THE SPACE PROVIDED**

**College Expenses (example: Tuition, Books, Boarding)**     \$ \_\_\_\_\_

**Unusual Expenses     (medical etc)**     \$ \_\_\_\_\_

**Other Scholarships Awarded**     \$ \_\_\_\_\_

**Total Expenses**     \$ \_\_\_\_\_

**FINANCIAL NEED FOR ONE YEAR**     \$ \_\_\_\_\_

**The P Michael McKay and Margaret R McKay Scholarship Application must be returned to HNB National Bank Trust Department by April 1<sup>st</sup>. Applications can be dropped off at 2903 Palmyra Road or mailed to HNB Trust Department, PO Box 1107, Hannibal, MO 63401.**