

## **Robert and Ida Nicoll Educational Trust Fund**

MARY LOU NICOLL, the sole contributor of funds representing the educational trust fund, was born on February 4, 1927 and lived in Kenosha with her parents, Robert and Ida Nicoll. She relocated to Dallas, Texas where she lived most of her adult life as an employee of Delta Airlines until shortly before her death on December 29, 1992.

Following the death of her parents in the early 1960's, she established the Mary Lou Nicoll Trust on October 26, 1963 into which she placed monies she inherited from her parents, Robert and Ida Nicoll. The First National Bank of Kenosha acted as her trustee under that document and through April 11, 1991, at which time it was restated and amended to include the provisions which, following her death, established this scholarship trust fund named in memory of her parents. Bank One Trust Company, NA as a result of the December 17, 1993 merger with The First National Bank of Kenosha became the trustee until 2005 and currently JP Morgan Chase Bank is the trustee.

Mary Lou Nicoll directed that these scholarship funds are to be used for residents of Kenosha County to further their education and improve current skills to enhance their earning capabilities.

The Mary Lou Nicoll Trust document established the following guidelines to be used by the Selection Committee of the ROBERT AND IDA NICOLL SCHOLARSHIP TRUST FUND in determining recipients:

1. The applicant must be a graduate of an accredited high school situated in Kenosha County Wisconsin (public, private or parochial); or
2. The applicant must have received a high school equivalency degree from Gateway Technical College of Kenosha County, Wisconsin; or
3. The applicant must have been a resident of Kenosha County for the two years immediately preceding the application for a scholarship.

**ROBERT AND IDA NICOLL  
EDUCATIONAL TRUST FUND**

**SCHOLARSHIP APPLICATION**

**2017 - 2018 School Year**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Marital Status: \_\_\_\_\_

College: \_\_\_\_\_

Status during 2017-2018 School Year

Address: \_\_\_\_\_

Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_

Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

Major: \_\_\_\_\_

Parents/Spouse: \_\_\_\_\_

Father - Stepfather - Guardian -Spouse

Mother - Stepmother - Guardian-Spouse

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

List your brothers/sisters under 25 years of age:

List your children and their ages: \_\_\_\_\_

1. Which Kenosha County High School did you graduate from?

\_\_\_\_\_

2. If you did not graduate from a Kenosha County High School, have you resided in Kenosha County for the two years immediately preceding this application? Yes \_\_\_ No \_\_\_

*If you did not graduate from a Kenosha County High School and answered "No" to question 2 above, you do not qualify for this scholarship.*

3. What jobs have you had in the last year? \_\_\_\_\_  
\_\_\_\_\_

4. Do you intend to work this school year? Yes \_\_\_\_ No \_\_\_\_  
If Yes, please specify how many hours and where, if known. \_\_\_\_\_  
\_\_\_\_\_

5. What is the balance of **all** of your student loan debt from previous school years?  
\_\_\_\_\_

6. Please attach a list any scholastic achievements/awards.

7. Please attach a list any/all community service in which you have participated within the **last two years**.

8. Are you or any family members employed by JP Morgan Chase Bank (or its affiliates)? If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

9. What will your housing arrangements be during the next school year?  
\_\_\_\_\_  
\_\_\_\_\_

10. Why do you need this assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. How did you hear about this scholarship? \_\_\_\_\_

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12. Have you been awarded this scholarship before? Yes \_\_\_\_ No \_\_\_\_

If Yes, please specify the following: Year Awarded: \_\_\_\_\_ Amount: \_\_\_\_\_

Below is a financial worksheet. Please fill this information out for use in determining your eligibility for the scholarship.

**FINANCIAL WORKSHEET**

**Income**  
**Per 2017-2018 School Year**

**Estimated Expenses**  
**Per 2017-2018 School Year\***

Your income last year \$ \_\_\_\_\_

Your parents' combined income last year \$ \_\_\_\_\_

Your spouses income last year \$ \_\_\_\_\_

**1. Expected contribution from parents/  
spouse or other** \$ \_\_\_\_\_

**2. Your expected income this school year** \$ \_\_\_\_\_

Tuition/Fees \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Housing Expense (on or off campus) \$ \_\_\_\_\_

Child Care Expense \$ \_\_\_\_\_

Student Loan Payments \$ \_\_\_\_\_

Food/clothing \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

\*amounts should be for full school year

**3. Total Scholarship/Grants**

\$ \_\_\_\_\_

Sources:

a) Anticipated \_\_\_\_\_

\_\_\_\_\_

b) Confirmed \_\_\_\_\_

\_\_\_\_\_

**4. Confirmed Educational Loans for Current Year:**

Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

*(of only amounts in 1, 2, 3 and 4 above)*

**Total** \$ \_\_\_\_\_

*(of all estimated expenses)*

**IMPORTANT: YOU MUST ATTACH THE FOLLOWING TO THIS APPLICATION:**

- 1. YOUR MOST RECENT HIGH SCHOOL OR COLLEGE TRANSCRIPT (does not need to be an official transcript).**
- 2. A COPY OF YOUR COMPLETED FAFSA FORM RESULTS (if you have completed a FAFSA application). The results will indicate how much you are eligible to apply for in student loans or if you qualify for grants. We only need to see the results.**

You may provide letter(s) of recommendation. This is optional, but encouraged.

If you decide to attend a college other than the one listed on your application, it is your duty to contact us immediately with your new college information. Please take the time to fill in the address for the financial aid office of the college you are/will be attending so that your check can be mailed to the appropriate address, if you are chosen as a recipient.

I attest that all information is complete and accurate.

\_\_\_\_\_  
Applicant                                                  Date

I, \_\_\_\_\_, authorize the Trustee, agents, and committee members of the Nicoll Educational Trust Fund to obtain any and all records necessary to verify the above information, including records held by any secondary school or other educational institution, and any other information required from my employer or government agency to verify the above information.

All of the information I have provided hereinabove is true, complete and accurate to the best of my knowledge. I recognize that any omissions or misstatements could result in denial of scholarship funds or loss of funds already awarded.

Date: \_\_\_\_\_  
Signature of Applicant

**RETURN SCHOLARSHIP INFORMATION TO:**

**ROBERT AND IDA NICOLL  
EDUCATIONAL TRUST FUND  
c/o THOMAS B. HARTLEY  
600-52<sup>nd</sup> STREET, SUITE 200  
KENOSHA, WI 53140**

It is the policy of the Robert and Ida Nicoll Educational Trust Fund not to discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, age, disability, or veteran status in the matter of granting these Scholarship funds.

To be eligible for this scholarship, the applicant must take a minimum of 6 credits per semester to be considered a part-time student.

**Please submit applications by June 15, 2017 to be considered for the 2017-2018 School Year**