

DR. OTTO H. BENDER SCHOLARSHIP

The Dr. Otto H. Bender Scholarship Trust was initiated by Dr. Otto Bender who spent his life serving the community of Carlyle. Dr. Bender was a lifelong resident and practicing optometrist in Carlyle. He was also accredited with being a director at First National Bank in Carlyle from 1948 thru 1988, a member of the Illinois State Board of Optimetric Examiners, a member of the American Optimetric Association, and a member of the Century Club of the Hoyleton Children's Home. Dr. Bender died at the age of 96 on December 29, 1991.

Annually, a percentage of the fair market value (distributable amount) of the scholarship trust is to be used to award a four-year scholarship for undergraduate studies to one graduating senior of Carlyle High School who has clearly demonstrated his or her intention to attend college. Selection shall be based on financial need and academic achievement and ability. Once a recipient is selected, he or she will remain eligible for up to four years. A recipient may attend a junior college or two-year program, so long as his or her expressed intention is to ultimately complete a four-year undergraduate program. If during the four-year term a recipient is placed on academic or social probation at the college or university, or is dismissed for scholastic or social reasons, or fails to maintain a full-time student status, then no further benefits may be paid to that individual from the scholarship fund thereafter, including within that year.

According to the trust document, students of Carlyle High School who are NOT ELIGIBLE include children of

- 1) an employee of the school district;
- 2) the Board of Trustees of the school district;
- 3) an elected official of the City of Carlyle; or
- 4) an employee of the City of Carlyle.

A percentage of the fair market value (distributable amount) of the scholarship trust shall be divided equally among the recipients except that no recipient shall receive more than is required to reimburse the recipient for tuition for that year. If the primary scholarship recipients tuition costs do not utilize the entire distributable amount then one or more alternate scholarship recipients will be selected for a one year tuition scholarship until the entire distributable amount is utilized for that year. Any income in excess of the distributable amount shall be added back to the principal of the trust at the end of the trust's fiscal year. Each recipient will receive his or her share of the distributable amount as a reimbursement for tuition paid during that school year.

DR. OTTO H. BENDER SCHOLARSHIP APPLICATION INFORMATION

1. Eligibility: An applicant;
 - (a) must be a graduating senior at Carlyle High School;
 - (b) may attend a junior college or two-year program, so long as his or her expressed intention is to ultimately complete a four-year undergraduate college degree;
 - (c) plan to enroll, or be enrolled, in a recognized degree program;
 - (d) must maintain full-time student status;
 - (e) must be of good moral character and serious in intent;
 - (f) is required to file an application and provide other necessary information in a timely manner as required or requested;
 - (g) must provide such information as required for continued eligibility;
 - (h) is not eligible if he or she is a child of :
 - 1) an employee of the school district;
 - 2) the Board of Trustees of the school district;
 - 3) an elected official of the City of Carlyle;
 - 4) an employee of the City of Carlyle
 - (i) is not eligible if tuition is waived or receives any other scholarship to be applied toward full tuition.
2. Filing: Applications;
 - (a) are to be post-marked on or before April 1 of the year of the fall term of intended use;
 - (b) accompanied by transcripts of all high school and other academic credits, this should include the senior year first semester classes and grades. Also, include a transcript of any Kaskaskia College courses taken.
 - (c) must include information on at least three references, from which recommendations are to be forwarded under separate cover;
 - (d) must include financial and non-financial information;
 - (e) along with all information received, will be treated confidentially;
 - (f) and related materials should be mailed to:

Dr. Otto H. Bender Scholarship
c/o First National Bank in Carlyle
891 Fairfax St
Carlyle, IL 62231
3. Implementation: Selection;
 - (a) will include a personal interview with each finalist chosen by the Selection Committee;
 - (b) will be made by the Selection Committee without discrimination or prejudice;
 - (c) decision of the committee will be final;
 - (d) will include a notification of acceptance certified to the Trustee indicating the institution of choice to receive allocated funds;
 - (e) will include a timely notice of the awarding of the scholarship to all applicants, and to the public;
 - (f) will be subject to an annual review for continued eligibility.

**DR. OTTO H. BENDER SCHOLARSHIP
APPLICATION FORM
(Typewritten or Legible Print)**

1. Name _____ Date _____
2. Home Address _____
(Street) _____ (City/State/Zip) _____ Telephone _____
3. Date of Birth _____ Place of Birth _____
4. Name of Parents _____
5. Do you currently reside in the Carlyle Community Unit School District #1? _____
6. When will / did you graduate from Carlyle High School? _____ (year) _____
7. What is / was your high school class standing? Upper: _____ $\frac{1}{4}$ _____ $\frac{1}{2}$ _____ $\frac{3}{4}$
8. What letter grade is your overall high school grade point average? _____
9. What is / was your class rank at Carlyle Community Unit School District #1 in year of graduation? _____
10. What was your ACT score? _____ What was your SAT score? _____
11. How do you classify your educational preparation and background?
 College Prep Vocational General Other _____
(list)
12. What is your career objective? _____

13. Why did you choose this field? _____

14. Where do you plan to attend college? _____
15. Do you plan to obtain a four-year degree? _____ Yes _____ No _____

16. Why did you select this college? _____

17. List any previous work experience and employer:

<u>Type of Employment</u>	<u>Employer</u>	<u>Dates (years from – to)</u>
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a. _____

b. _____

c. _____

18. List your high school extra-curricular activities, offices, and honors:

<u>Name of Organization</u>	<u>Year</u>	<u>Office held</u>
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a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

19. List civic or community activities in which you participated:

<u>Name of Organization</u>	<u>Year</u>	<u>Office held</u>
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a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

20. Please indicate your family's adjusted gross income for last year as exemplified on their Federal Income Tax Return (Form 1040).

under \$40,000. \$90,000. - \$124,999.

\$40,000. - \$69,999. \$125,000. - \$149,999.

\$70,000. - \$89,999. \$150,000 and over

21. List three individuals you are requesting to furnish letters of recommendation. These are to be sent under separate cover to the designated person. It is suggested that references are from each of the areas of education, employment and community.

a. _____

b. _____

c. _____

22. Give any additional information you deem important to the selection committee considering this application.

23. Are you related to any of the following individuals or groups of individuals? _____

- 1) Employees of the school district.
- 2) Board of Trustees of the school district.
- 3) Elected officials of the City of Carlyle.
- 4) Employees of the City of Carlyle.
- 5) The Grantor.
- 6) A substantial contributor to the trust.
- 7) Employees of the First National Bank in Carlyle.
- 8) Scholarship Committee.

If yes, please state relationship _____

24. Are you aware of being awarded any tuition waiver or other scholarship funds to be applied toward tuition? _____

If so:

Name of Scholarship

Estimated Value

How Often Paid

(one-time/annual/per semester)

25. Have you applied for other scholarships? _____ Yes _____ No _____ How many? _____

26. Please write a paragraph as to why you would like to be awarded this scholarship, e.g. How would the Dr. Otto H. Bender Scholarship assist you in achieving your goals? (Use a separate sheet if necessary.)

27. I have read the conditions of the Dr. Otto H. Bender Scholarship and believe I am a qualified applicant. I agree to furnish a high school transcript, recommendations, ACT/SAT scores, copies of mine and my guardians/parents personal tax returns (only if requested by the committee) and other reasonable information as may be requested of me. If selected, I will keep the Selection Committee advised of any change in my eligibility status.

Signed _____ Date _____

Email address _____

DR. OTTO H. BENDER SCHOLARSHIP CERTIFICATION FOR RENEWAL

I, _____, hereby certify that I am a full-time student at _____ in a program leading to a four-year (college) degree. With the completion of the Fall _____ semester and Spring _____ semester, I am in good academic (year) (year) and social standing at this institution. Having met these and all other requirements of the Dr. Otto H. Bender Scholarship, I am certifying my continuing eligibility for this award. I am enclosing a transcript of my college credits and grades for the perusal of the Selection Committee as evidence of my academic and social standing.

Enclosed is a copy of my first and second semester tuition bill which I have paid and request reimbursement under the terms of the above trust. The tuition reimbursement may be sent to the below address.

(Signature)

(Date)

(Address)

(Address)

Complete form after each school year and return it with the first and second semester classes and grades and a tuition bill showing the tuition charged, any tuition scholarships and the tuition paid to:

Dr. Otto H. Bender Scholarship Trust
c/o First National Bank in Carlyle
891 Fairfax St
Carlyle, IL 62231