

# **THE R. A. BOWEN TRUST**

**P.O. Box 4611**

**Macon, GA 31208**

**(478) 345-0317      (866) 823-9410**

The R. A. Bowen Trust was established by the late R. A. Bowen in 1943 for the purpose of assisting capable, deserving and needy students to attend college. Scholarships are granted to qualified students for the purpose of attending an accredited college or university full time. Scholarships are granted for a period of one academic year and may be renewed for one or more additional years, up to a maximum of four years. Scholarships are granted to undergraduate students only.

Scholarships are granted without subsequent obligation of the student to The R. A. Bowen Trust; however, when their circumstances permit, former recipients and others are urged to make contributions to The R. A. Bowen Trust for use in granting additional scholarships.

## **General Regulations and Procedures**

The R. A. Bowen Trust scholarship is an award for up to \$2,000.00 per academic year, payable to the college or university in equal payments for the Fall and Spring semester

New scholarships are awarded based upon applications to be submitted in full on or before June 1 prior to the academic year for which the scholarship is sought. **It is the student's responsibility to verify that the application has been completed and returned to the Trust by the June 1 deadline.**

Scholarships are awarded for a period of one academic year. If a student is awarded the scholarship at the beginning of their freshman year, they may receive the scholarship for a maximum of four years. Likewise, a sophomore is potentially allowed three years of scholarships, a junior two years and a senior one year. Generally, the scholarship is renewed unless terminated as noted elsewhere. Once you are a recipient of a scholarship, it is not necessary to reapply each year. However, at the end of each Fall semester we must receive on or before **December 27<sup>th</sup>** a copy of your grades, a letter requesting a continuance of the scholarship, and a report of your use of the scholarship. If for some reason your grades are unavailable you are still required to send us the letter and it is your responsibility to notify us of the reason why the grades are not available and when you plan to get them to us. At the end of each Spring Semester, the grades and letter must be received by **June 1<sup>st</sup>**. **Failure to send either the letter or grades will result in the termination of the scholarship.**

Scholarships are awarded for the purpose of attending a specific institution and may not be transferred to any other institution except by prior authorization of the scholarship Trustees. Funds awarded to students are sent directly to the approved college or university.

The scholarship awarded to a student will be revoked and discontinued if the student at the end of each semester does not send us a copy of their grades and a letter requesting a continuance of the scholarship; is not enrolled as a full time student; is placed on probation or suspension by the institution; or the financial circumstances of the student no longer require funds from The R. A. Bowen Trust. Additionally, a student receiving a "D" in any class is placed on probation. A second "D" (or 2 D's in one grading period) or an "F" at any time terminates the scholarship.

The accompanying application has 3 pages. You are responsible to make sure all 3 pages are fully completed and received by us on or before June 1.

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## SCHOLARSHIP APPLICATION

**INSTRUCTIONS:** Fill out completely.  
Answer every item, indicating those  
which do not apply to you as (NA).

Send Section V to the Director of  
Financial Aid at the school you plan  
to attend.

**PRINT OR TYPE**

### SECTION I

Social Sec. # \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
City State County Zip

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name and location of high school from which you graduated: \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Period for which you are requesting aid: Academic year 20 \_\_\_\_\_ to 20 \_\_\_\_\_

Status in school year for which you are applying: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Check each school term for which scholarship assistance is requested:

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring (Summer is not applicable)

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

### SECTION II

Parents'  
Name(s): \_\_\_\_\_

Parents'  
Address: \_\_\_\_\_

\_\_\_\_\_  
City State County Zip

Parents' Occupation and Employer: (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

### SECTION III

1. Have your high school or college (if applicable) send us a copy of your transcript and a copy of your SAT and/or ACT scores.
2. Provide us with a letter of recommendation from your academic dean, advisor or teacher.
3. On a separate sheet list all honors and awards you have received in high school or college.
4. Submit a letter composed and signed by you indicating the specific circumstances which cause you to request financial assistance. In this letter please provide a brief description of your career goals and any special personal or family circumstances affecting your need for financial assistance.
5. A photograph is helpful but not required. If you are awarded a scholarship, then we do require you to send us a photograph.

I attest to the accuracy and completeness of all information included on this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION DEADLINE IS JUNE 1**

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## SCHOLARSHIP APPLICATION

### SECTION IV

This section is to be completed by the Parents or Guardians of the applicant. The following information is essential for this application to be considered. A response is required in each blank space. Please respond "none" or "0" where appropriate. If the information requested below does not apply to you, please give an explanation in this space or attach an additional sheet if needed:

Number of Parents Living \_\_\_\_\_ Age of Older Parent \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

List all members of family (including parents) who will attend a post-secondary institution next year.

NAME	AGE	NAME OF COLLEGE ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Income of Both Parents (including non-taxable income) for the last complete calendar year.

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

List all assets and liabilities of both parents:

	PRESENT VALUE	AMOUNT OWED
Home	_____	_____
Automobiles	_____	_____
Business or Farm	_____	_____
Other real estate and investments	_____	_____
Cash and Savings	_____	_____
Other	_____	_____

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

**APPLICATION DEADLINE IS JUNE 1**

**THE R. A. BOWEN TRUST**  
**SCHOLARSHIP APPLICATION**

Section V is to be completed by the College Financial Aid Office and returned by the college to:

**THE R. A. BOWEN TRUST**  
**P.O. Box 4611**  
**Macon, GA 31208**  
**(478) 345-0317      (866) 823-9410 fax**

I authorize the College Financial Aid Officer to provide the information requested below to The R. A. Bowen Trust.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

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

**SECTION V**

COLLEGE BUDGET (Academic year)

SOURCES OF AID ANTICIPATED IN  
YEAR OF APPLICATION

Tuition and Fees \_\_\_\_\_  
Room and Board \_\_\_\_\_  
Books and Supplies \_\_\_\_\_  
Other Expenses \_\_\_\_\_

HOPE Grant \$ \_\_\_\_\_  
Pell Grant and SEOG \_\_\_\_\_  
Guaranteed Student Loan \_\_\_\_\_  
NDSL And NSL \_\_\_\_\_  
College Work Study \_\_\_\_\_

**TOTAL COLLEGE  
BUDGET** \$ \_\_\_\_\_

Other Employment \_\_\_\_\_  
SSIG/GTEG \_\_\_\_\_  
Veterans Benefits \_\_\_\_\_  
Social Security \_\_\_\_\_  
Other Loans \_\_\_\_\_  
Other Scholarships \_\_\_\_\_  
Other Sources \_\_\_\_\_  
**TOTAL SOURCES** \$ \_\_\_\_\_

**TOTAL FAMILY CONTRIBUTION** \$ \_\_\_\_\_

(From the FAFSA or Need Analysis Form, if available. This figure MUST BE included for applicant to be considered for the scholarship award. If FAFSA or NAF is not used, insert an amount that will be contributed by the family.)

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

(Where the checks are to be sent)

Please circle whether your institution is **QUARTER** or **SEMESTER**

**APPLICATION DEADLINE IS JUNE 1**