February 12, 2014

Melanie Runge  
University of Kansas School of Medicine  
Academic and Student Affairs  
1010 N. Kansas Avenue  
Wichita, KS 67214

Re: Zola N. and Lawrence R. Nell Educational Trust

The above-referenced trust will be accepting scholarship applications for the 2014-2015 school year. Applications, a copy of which is enclosed, will be accepted through April 15, 2014. We encourage you to make this scholarship known to qualified students. **Completed applications and official transcripts should be mailed prior to April 15, 2014 to:**

The Commerce Trust Company  
Attn: Brian Adams  
P.O. Box 637  
Wichita, KS 67201-0637

**Each applicant should provide the address and phone number where he or she may be reached from April through June of 2014.**

If you have any questions, please call me at (800) 627-6808, extension 3682.

Sincerely,

[Signature]

Brian Adams, CTFA  
Assistant Vice President and Trust Officer  
The Commerce Trust Company

Enclosure
APPLICATION

Zola N. and Lawrence R. Nell Educational Trust

Scholarship Program

The Nell Educational Trust Scholarship Program was established under the last will and testament of Lawrence R. Nell to assist qualified students who have been accepted for the study of medicine, dentistry or other health practitioners programs at the post-baccalaureate level. Applicants must be graduates of a high school in Sedgwick County, Kansas (i.e., Wichita, Kansas area).

Grants and renewals may be conditioned upon such Grantee’s engaging in the practice of the health profession for which he/she has received educational support, the period of time and the location of practice (Sedgwick County or the State of Kansas) to be agreed upon on a case-by-case basis. Failure to practice for the specified term in the agreed upon area may cause all amounts theretofore granted, with 10 percent interest, to become immediately due and payable to the trust. This requirement may be reviewed on an individual basis and to date the Selection Committee has not acted upon it.

Grants may be made for tuition, books, fees and related expenses, with tuition and fee monies paid directly to the registrar of the school involved.

Prior years’ winners need not complete another application, but do need to submit a letter with transcript, along with their address and the name and address of the school they will be attending.
Zola N. and Lawrence R. Nell Scholarship Application
Trustee: The Commerce Trust Company
P. O. Box 637 Wichita, KS 67201-0637

1. Name: ___________________________ Spouse’s name: ___________________________

2. Home Address: ___________________________ Phone: ___________________________

3. Mailing Address (if different than above): ___________________________

4. Email Address: ___________________________

5. Age: ____ Date of Birth: _____ Place of Birth: ___________________________

6. Applicant’s Dependent(s) and Their Ages: ___________________________

7. Parent or Guardian: ___________________________ Occupation: ____________________

8. Address of Parent or Guardian: ___________________________


10. Number of brothers: (circle one) 0 1 2 3 4 or more
    Number of sisters: (circle one) 0 1 2 3 4 or more

11. Number of brothers and/or sisters who have completed their college education: _____

12. Other sources of income/financial aid: ___________________________

13. Educational record: Name of high school and year graduated.
    Names of schools or colleges attended (list most recent first).
    Include transcripts with application.

    School name  City, State  Dates


14. Current classification and year in school: ___________________________
14. Cumulative Grade Point Average: ______________

    Undergraduate Study: ____________________  Science: ____________________
    Graduate School: ________________________  MCAT Score: ____________________

15. Name and address of school you will be attending next school year and course of study to be undertaken:

    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

16. List extra-curricular activities, clubs, societies, church groups, organizations:

    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

17. Character references: Obtain at least two and no more than three letters of reference, one of which should be in the nature of an academic letter of reference (i.e., from a faculty member, advisor, etc.). List name, address and phone number of each character reference:

    Name          Address          Phone
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

18. Attach a one-page personal statement of why you are seeking assistance from the Zola N. and Lawrence R. Nell Scholarship Trust.

19. **Attach high school and college transcripts.**

    Date                                      Applicant’s Signature
    __________________________________________________________________________

*All information received will be considered strictly confidential.*