DATE:       January 31, 2020
TO:         EDUCATION PROFESSIONALS
FROM:       COMMERCE TRUST COMPANY, WICHITA, KANSAS
RE:         MEDICAL STUDIES SCHOLARSHIP OPPORTUNITY WITH THE
             ZOLA N. AND LAWRENCE R. NELL EDUCATIONAL TRUST

On behalf of the Zola N. and Lawrence R. Nell Educational Trust, Commerce Trust
Company, Wichita, Kansas branch, will be accepting scholarship applications for the 2020-
2021 school year. An application form accompanies this memo. Please note that beginning
with scholarships awarded in the 2018-2019 period, there have been changes in recipient
selection criteria, the number and dollar amount of awards distributed, and the application
due date:

- Applicants must have graduated from a high school in Sedgwick County, Kansas;
- Awarded funds must be applied to post-baccalaureate study for individuals
  pursuing an MD or PA degree;
- Fewer scholarships will be awarded than in past years, but awards will be larger
dollar amounts;
- Completed applications with official transcripts are due by March 15th.

Completed applications with official transcripts will be accepted by U.S. mail at the
following address through March 15, 2020:

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

Applicants should provide an address and phone number where they may be
contacted between March and June of 2020.

Please direct questions about the application process to:

Brian Adams, CTFA
Vice President and Trust Officer
Commerce Trust Company
(316) 261-3682
brian.adams@commercebank.com
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 at the post-baccalaureate level. Ideal candidates for this scholarship desire to earn an MD or PA degree, and must be graduates of a high school located within Sedgwick County, Kansas.

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.

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<thead>
<tr>
<th>School name</th>
<th>City, State</th>
<th>Dates</th>
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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:

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<th>Name</th>
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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.