



# Commerce Trust Company

Wealth | Investments | Planning

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 15<sup>th</sup>*.

**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](mailto: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: \_\_\_\_\_

9. Both Parents' Annual Income: \_\_\_\_\_ Spouse's Annual Income: \_\_\_\_\_

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.**

<u>School name</u>	<u>City, State</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Current classification and year in school: \_\_\_\_\_  
\_\_\_\_\_

**Zola N. and Lawrence R. Nell Scholarship Application**  
**Page Two**

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.*