

The International Harvester Collectors Charitable Trust

Joel Klein 3829 Gibraltar Trail Eagan, Minnesota 55123

Tel: 651-452-5664

Hello,

I am writing you regarding the Charitable Trust Scholarship program. You had indicated that your chapter has a scholarship program and would be interested in partnering with the IHC Collectors Charitable Trust.

The trust is going forward with a scholarship program. The program awards one scholarship per chapter for a qualified **second** year student in an amount up to their initial award but not to exceed \$1,000 subject to the availability of funds. These funds are capped nationally at \$5,000. If eligible scholarships exceed the cap of \$5000 scholarships will be prorated.

Qualifying students will have completed their first year of education at a two- year college, four- year college, university, or accredited trade school. Those students interested in the second- year scholarship program should contact you and provide you with evidence of progress toward their degree and show proof of their second-year enrollment.

To that end we would ask you to submit name of one student that qualifies and the amount of their first-year award to the IHC Collectors Trust Scholarship Committee so that a congratulatory letter and scholarship may be awarded.

The award will be addressed to both the student and school they are attending and forwarded to the chapter for presentation.

Please fill out the following form and return by October 1st.

If you have any questions, feel free to call or e-mail and I will answer as soon as I can

I thank you in advance for your response.

Joel Klein

Scholarship Chair

3829 Gibraltar Trail, Eagan MN 55123 612-910-3177 Joellindak@aol.com

cc: Louis Wehrman and Diane Caloud Scholarship committee

If you are not the current scholarship person, please forward to the appropriate person.

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Scholarship Application

Name of Scholarship Recipient _____

Address of Recipient _____

School name for second year enrollment _____

Amount of first year award _____

Name of State Chapter _____

Name of State Scholarship Chair _____

Address of State Scholarship Chair _____

At the end of the student's first year please identify those students interested in and qualified for the second- year award and complete and return the completed application by October 1st.

TO: Joel Klein
3829 Gibraltar Trail
Eagan MN 55123

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