2020-2021

SCHOLARSHIP APPLICATION

Citizens Bank & Trust - Trust Department

101 N Main – PO Box 70

Rock Port, MO 64482

A scholarship candidate must be enrolled as a student in an accredited college or university after having completed twenty-eight (28) academic hours of post-secondary education. ALL INFORMATION MUST BE COMPLETE - DO NOT LEAVE AN AREA UNANSWERED. USE ONLY THE SHEET PROVIDED. PLEASE PRINT OR TYPE. \*To form fill from the PDF file - Select the “Sign & Fill” Tool & Click to fill in each section.

*Personal Information-*

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Academic Information-*

High School

Graduated from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_ Scale: \_\_\_\_\_ Class Rank: \_\_\_\_ / \_\_\_\_ (your rank/total # of students) Graduate Year: \_\_\_\_\_\_\_\_\_\_

High School Extracurricular Activities, Academic Honors, Awards:

College/University Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours taken this summer (if any): \_\_\_\_\_\_\_\_\_\_\_\_

Major/field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Future Occupational Plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Summer Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Completed Hours as of May 2020: \_\_\_\_\_ GPA: \_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ANNUAL COST:  |  | PERCENT OF TOTAL COST: (must equal 100%)  |  |
| TUITION  | $  | LOANS  | %  | WORK STUDY  | %  |
| ROOM & BOARD  | $  | GRANTS  | %  | VOCATIONAL REHAB  | %  |
| OTHER COSTS  | $  | SCHOLARSHIPS  | %  | PARENTS  | %  |
| **TOTAL**  | **$**  | EMPLOYMENT  | %  | OTHER (please explain)  | %  |

College Extracurricular Activities, Academic Honors, Awards:

Describe your future plans/careers/goals:

 (Where do you prefer to locate once your education is complete and where do you see yourself in 5-10 years on your career goals?)

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review this form thoroughly to ensure you have answered all questions completely and accurately. If information is incomplete, your application will not be considered.