

Edgar County Bank & Trust - 2016 Scholarship Application Form

(Please check the box for each scholarship for which you are applying. Any application not completed fully will not be considered in the scholarship process. Please read and follow all instructions carefully.)

- 1.) All items must be answered; however, if an item is not applicable, place "N/A" in the space provided.
- 2.) An official (not electronic version) current high school or college transcript MUST be attached to the application.
- 3.) If you are a high school senior or a college student changing colleges you MUST include all responses from those colleges.
- 4.) Please include the first page of your parents 2014 Federal Income Tax Return. If independent please provide your 2014 Federal Income Tax Return.
- 5.) Each application must be received in an envelope.
- 6.) If any information or required paperwork (i.e. 2014 tax return) is not included, this application will automatically be invalid and not eligible for a scholarship.
- 7.) All information received for this application will remain confidential.

This application may be used for any one of the following scholarships:

Edgar County Bank & Trust Foundation Scholarship
Betty Langford Coughlin Scholarship
Edward and Mildred English Scholarship
Frank and Gladys C. Stratton Scholarship
G. F. Patterson Trust Scholarship* (see 2 below)
H.J. Bell Trust Nursing Scholarship
Helen Luallen Scholarship
I.P. and Lola W. Zimmerly Education Scholarship
Ruth Pinnell Loan Scholarship

Iva W. and Roy Henry Scholarship
Lenore Dickson Medicine Scholarship
Pauline and Riley McClain Scholarship
Perisho-McConkey Scholarship
Riola Hurst Nursing Scholarship* (see 2 below)
W.J. and Amy Dodd Educational Scholarship
Dee Wilson Scholarship

For Wells Trust Scholarship see separate application

(Please review the terms of all scholarships and loans)

Applicant's Name:		Declared Major:	
-------------------	--	-----------------	--

Maiden Name:		Spouse's Name:	
--------------	--	----------------	--

Home Address:		Phone Number:	
---------------	--	---------------	--

City:		State:		Zip Code:	
-------	--	--------	--	-----------	--

School Address:		Phone Number:	
(If Known)			

City:		State:		Zip Code:	
-------	--	--------	--	-----------	--

Parent's/Guardian's Name:		Address:	
---------------------------	--	----------	--

County of Residence at time of High School Graduation:	
--	--

Class Rank %:		SAT Score:		ACT Score:	
---------------	--	------------	--	------------	--

Please attach copies of your SAT,ACT, PSAT, and Advanced Test Results.

Current GPA*:		*Need transcripts to confirm
---------------	--	------------------------------

Social Security #:		Date of Birth:	
--------------------	--	----------------	--

Are you a previous recipient?	Yes	No	If so, When?	
-------------------------------	-----	----	--------------	--

Educational Institution currently attending:	
--	--

University, College or Institution you will be attending:	
---	--

Expected Date of graduation (based on four year curriculum):	
--	--

*For Lenore Dickson Scholarship: What branch of Medicine will you be studying?	
--	--

Branch of Medicine:	
---------------------	--

* For Ruth Pinnell Scholarship Loan only:	
---	--

Name of Employer:		Date of full-time employment:	
-------------------	--	-------------------------------	--

Do you qualify as a Homemaker raising minor children for the last 24 months?	Yes	No
--	-----	----

State reasons for attending college and course of study you intend to pursue. (If more space is needed please attach page and note)

--

List three personal references with two letters of recommendation (Do not list family members.)

Name:		Address:		Phone:	
Additional info:					

Name:		Address:		Phone:	
Additional info:					

Name:		Address:		Phone:	
Additional info:					

Please provide the following:

Name (Head of Household):	
Occupation:	
Gross Income (AGI):	
Father:	
Mother:	
Applicant:	
Spouse:	
Other Information:	

College Expense and Assistance Section:

1. Amount of parent, guardian, and/or spouse contribution to your educational expenses for the upcoming year.

--

2. Amount you will contribute.

--

3. Other scholarships, grants, loans, gifts, loans, gifts or financial assistance you will have. Be specific and list contributor and amount.

--

4. Total of 1, 2, and 3

5. Total Expenses For The School Year (both semesters):

Expenses:	
Books:	
Tuition:	
Room & Board:	

List any other family members currently enrolled in an institution of higher learning and their approximate expenses:

--

Additional comments applicant may wish to provide:

--

List any extracurricular activities you have participated in :

--

What are your post-education career plans?

--

I hereby apply for the above named scholarship/scholarship loan and certify that the information herein provided is true and correct to the best of my knowledge and belief.

Applicant Signature:	
----------------------	--

Date:	
-------	--

Furthermore, if selected for a scholarship/scholarship loan, I understand and agree that:

- 1.) Scholarship checks will be made to the order of the school or institution that I attend, and will not be made to my order. I must provide Edgar County Bank & Trust Co. with a copy of my current billing statement prior to any scholarship disbursement. Should the scholarship amount exceed my expenses, all refunds will be returned to the respective scholarship account at Edgar County Bank & Trust Co..
- 2.) *Funds may not be used toward housing outside of campus residence hall
- 3.) At the end of every grading period, I will furnish, or cause to be furnished, to the Edgar County Bank & Trust Co., Trust Department, a verified report of transcript of courses I have completed.
- 4.) Even though a scholarship may be renewable, I realize "I must reapply each year" and provide the Bank with a current transcript of grades to show progress toward my degree. Although I may be a previous recipient, I am aware that I am not guaranteed to receive additional awards; each year's recipients will be determined based upon applications received for that academic award year.
- 5.) I will notify The Edgar County Bank & Trust Co. of any change of address or name. Failure to notify the bank could affect any future scholarship awards.
- 6.) I understand that if I am awarded a scholarship and it is in the form of a loan, I must re-pay this loan as stated on the loan document.
- 7.) I understand that I must be enrolled as a full time student (minimum of 12 credit hours per semester) in order to be eligible for any scholarship or scholarship loan. If I shall graduate early I acknowledge I am only eligible for one-half the stated amount and the remaining one-half will be returned to the respective scholarship fund
- 8.) Various scholarships may be revoked if the applicant doesn't maintain a "C" average in school.

Applicant:		Date:	
------------	--	-------	--

Parent/Guardian:		Date:	
------------------	--	-------	--

If you change the school in which you will be attending after this application is submitted it is your responsibility to notify us of such change in writing. Failure to do so will delay your scholarship payment.

Office Use Only:

College

GPA:

AGE:

\$