

THE FIRST STATE COMMUNITY BANK MEMORIAL SCHOLARSHIP APPLICATION

Applicant Name

Address

Phone

Name of Parents or Guardians

Siblings names	Age	Lives at home yes/no	School Attending
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Gross Family Income:

EDUCATIONAL INFORMATION

School: *(If other than Potosi, include phone number and address)*

Cumulative grade point average on a 4.0 scale ACT Score:

Number of times absent this academic year:

Name of College or University you plan to attend.

Have you been accepted? What is your intended academic major?

What is your educational goal? (Essay reply)

Why do you want to attend college? (Essay reply)

THE FIRST STATE COMMUNITY BANK MEMORIAL SCHOLARSHIP APPLICATION

CAREER PLANS

What do you intend to do after you complete your educational goal? (Essay reply)

Do you feel that attaining your educational goal will make you a better person, and more useful member of society? If so, please explain how. (Essay reply)

Note! Please prepare your essay responses as attachments to this application.

STUDENT ACTIVITY SHEET

Please fill out the attached Student Activity Sheets and return them, this application form and your answers to the above essay questions to the Counseling Department of Potosi High School.

STUDENT NAME:

HIGH SCHOOL:

HONORS AND AWARDS	EXPLANATION	9	10	11	12
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 315px; height: 28px;" type="text"/>	<input style="width: 415px; height: 28px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE FIRST STATE COMMUNITY BANK MEMORIAL SCHOLARSHIP APPLICATION

STUDENT NAME:

HIGH SCHOOL:

EXTRA-CURRICULAR SCHOOL ACTIVITIES	TIME	LEADERSHIP POSITION	9	10	11	12
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 312px; height: 29px;" type="text"/>	<input style="width: 130px; height: 29px;" type="text"/>	<input style="width: 312px; height: 29px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT	HOURS	EXPLANATION	PERIOD
<input style="width: 215px; height: 29px;" type="text"/>	<input style="width: 85px; height: 29px;" type="text"/>	<input style="width: 280px; height: 29px;" type="text"/>	<input style="width: 215px; height: 29px;" type="text"/>
<input style="width: 215px; height: 29px;" type="text"/>	<input style="width: 85px; height: 29px;" type="text"/>	<input style="width: 280px; height: 29px;" type="text"/>	<input style="width: 215px; height: 29px;" type="text"/>
<input style="width: 215px; height: 29px;" type="text"/>	<input style="width: 85px; height: 29px;" type="text"/>	<input style="width: 280px; height: 29px;" type="text"/>	<input style="width: 215px; height: 29px;" type="text"/>
<input style="width: 215px; height: 29px;" type="text"/>	<input style="width: 85px; height: 29px;" type="text"/>	<input style="width: 280px; height: 29px;" type="text"/>	<input style="width: 215px; height: 29px;" type="text"/>

