



CaseyStateBank

Your Community, Your Bank

Scholarship Application

- 1) **Student Name:** _____
- 2) **Address:** _____

- 3) **Telephone Number:** _____
- 4) **Birth Date:** _____
- 5) **Parent(s) Name(s):** _____
- 6) **College you plan to attend:** _____
- 7) **What Career do you plan to pursue:** _____
- 8) **Intended Course of Study or Major:** _____
- 9) **List Scholastic Groups/School Organizations & Clubs:**

- 10) **List Community or Other Activities:**

- 11) **List Awards and Activities:**

- 12) **What contribution do you see yourself providing to your community upon completion of your education? (200 words or less) Please attach.**

Applicant should sign the following release form before this application is submitted to the Counselor's Office.

I authorize _____ High School to release the following academic information: ACT or SAT scores, Class Rank/Total class, GPA to the Scholarship Committee at the Casey State Bank for the purpose of scholarship selection.

Student's Signature: _____

Date: _____

Official Use Only:

ACT/SAT Score _____ / _____
Class Rank/Total class _____ / _____
Grade Point Average _____

Principal/Guidance Counselor Confirmation Signature

Return by April 15th to: Miss Nelson
Casey State Bank
Attn: Scholarship
305-307 North Central Ave
P.O. Box 337
Casey, IL 62420