

 **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:** \_\_\_\_\_

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**Official Use Only:**

**ACT/SAT Score** \_\_\_\_\_ / \_\_\_\_\_

**Class Rank/Total class** \_\_\_\_\_ / \_\_\_\_\_

**Grade Point Average** \_\_\_\_\_

\_\_\_\_\_  
**Principal/Guidance Counselor Confirmation Signature**

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**Return by April 15<sup>th</sup> to:  
Casey State Bank  
Attn: Scholarship  
305-307 North Central Ave  
P.O. Box 337  
Casey, IL 62420**