

2019-2020
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 2019: _____ 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: _____