

OOSTBURG STATE BANK SCHOLARSHIP APPLICATION

Please complete and return the application to the bank by May 1st

NAME: _____ ADDRESS: _____

PHONE: _____

PARENTS' NAMES: _____

PARENTS CUSTOMERS SINCE: _____

HIGH SCHOOL: _____

CUMULATIVE GRADE POINT AVERAGE: _____ ON A 4-POINT SCALE

CLASS RANK: _____ OF _____

INVOLVEMENT/ACHIEVEMENTS/AWARDS: (See page 2)

SCHOLARSHIPS ALREADY RECEIVING:

HIGH SCHOOL AWARDS CEREMONY INFORMATION:

COLLEGE OF INTENT: _____

MAJOR FIELD OF STUDY: _____

DATE

SIGNATURE OF COUNSELOR

SIGNATURE OF STUDENT

Involvement/Achievements/Awards

Please list type of activity, years involved, hours per week

Academic:

Extracurricular:

Community:

Church:

Employment:

Life Goals / Ambitions: