SCHOLARSHIP APPLICATION (NOT REQUIRED TO BE TYPED)

	SCHOO)L
NAME:		
ADDRESS:		
PHONE: ()		
HIGH SCHOOL GRADU	JATION DATE:	
SCHOOL YOU PLAN TO	O ATTEND:	
	FRA CURRICULAR ACTIVI ity, music and other activities no	TIES: (This statement should relate your involvement of covered by your transcripts.)
Add separate sheet if needed.		
REFERENCES: (Please lisapplication.)	at one reference and ask him/her	to prepare a letter of recommendation to accompany this
Name	Occupation	Address & Phone #
EMPLOYMENT: (Full-tim	ne, Part-time or Summer)	
Place of employment	Job duties	
PERSONAL STATEMEN ' is important. (Please use a se	•	out your personal goals. Include anything that you feel
	r transcripts including your ACT scholarship coordinator for deliv	composite score with this completed application. Please very to Peoples State Bank.
Signature		 Date

TRANSCRIPT RELEASE AUTHORIZATION

A copy of your high school transcript should be attached to your application. Complete the bottom portion for release of this information.

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize the release of my academic record, grade point average, rank in class and test scores to
Peoples State Bank for use in the selection process for the Peoples State Bank/Douglas D. Wolf
Memorial Scholarship, F. J. Antoine Memorial Scholarship or Lucile M. Doll Memorial
Scholarship.

	Signature of Applicant
	Signature of Parent if Applicant is under 18
Date of Application	