SCHOLARSHIP APPLICATION

(NOT REQUIRED TO BE TYPED)

SCHOOL		
NAME:		
ADDRESS:		
PHONE: ()		
HIGH SCHOOL GRADUA	ATION DATE:	
SCHOOL YOU PLAN TO	ATTEND:	
		TIES: (This statement should relate your involvement ot covered by your transcripts.)
Add separate sheet if needed.		
REFERENCES: (Please list application.)	one reference and ask him/her	to prepare a letter of recommendation to accompany this
Name	Occupation	Address & Phone#
EMPLOYMENT: (Full-tim	e, Part-time or Summer)	
Place of employment	Job duties	
PERSONAL STATEMENT is important. (Please use a se		bout your personal goals. Include anything that you feel
Please provide a copy of you	r transcripts including your AC	T composite score with this completed application.
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	