

DEAR SHS SENIOR:

ATTACHED IS APPLICATION FOR THE FIRST NATIONAL BANK OF SULLIVAN SCHOLARSHIP. PLEASE READ AND COMPLETE THE ATTACHED APPLICATION. APPLICATIONS MUST BE RETURNED TO THE HIGH SCHOOL COUNSELOR. CHECK THE GUIDANCE WEBSITE DUE DATE.

ANY QUALIFYING GRADUATE OF SULLIVAN HIGH SCHOOL WHO WILL ATTEND AN ACCREDITED 2 YEAR OR FOUR YEAR COLLEGE OR UNIVERSITY THE FALL FOLLOWING GRADUATION MAY APPLY FOR THIS SCHOLARSHIP.

APPLICANTS WILL BE CONSIDERED BASED UPON THE FOLLOWING CRITERIA:

1. ACADEMIC ACHIEVEMENT - STUDENT MUST DEMONSTRATE A CUMULATIVE GRADE POINT AVERAGE OF 3.0 ON A 4.0 SCALE.
2. PARTICIPATION IN EXTRA-CURRICULAR AND/OR COMMUNITY ACTIVITIES.
3. OUTSTANDING CHARACTER AS DEMONSTRATED BY THE STUDENT'S WILLINGNESS TO PERFORM WORK OR VOLUNTEER EXPERIENCES THAT CONTRIBUTE TO THAT STUDENT'S CAREER GOALS.
4. SUBMISSION OF ONE LETTER OF REFERENCE FROM THE STUDENT'S MOST RECENT EMPLOYER OR SUPERVISOR. IN THE ABSENCE OF THIS LETTER, A LETTER FROM A RESPONSIBLE ADULT WHO CAN SPEAK TO THE CHARACTER AND COMMITMENT OF THE STUDENT TO HIS OR HER CHOSEN EDUCATIONAL GOALS MAY BE SUBSTITUTED.

SCHOLARSHIP AWARD AND DISTRIBUTION

1. ONE ANNUAL AWARD IN THE AMOUNT OF \$500 WILL BE GRANTED EACH YEAR. OFFICIAL PROOF OF ACCEPTANCE MUST BE RECEIVED BY THE FIRST NATIONAL BANK OF SULLIVAN BEFORE THE SCHOLARSHIP IS AWARDED.
2. THE SCHOLARSHIP MAY BE USED TO PAY FOR ANY LEGITIMATE EDUCATIONAL EXPENSE RELATED TO THE STUDENT'S ATTENDANCE AT A POST SECONDARY EDUCATIONAL INSTITUTION.
3. IN ORDER TO BE CONSIDERED FOR THE AWARD, THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE COUNSELOR AT SULLIVAN HIGH SCHOOL BY APRIL 15.

**FIRST NATIONAL BANK OF
SULLI VAN SCHOLARSHIP
APPLICATION FORM**

STUDENT NAME _____
PARENT/GUARDIAN _____
HOME ADDRESS _____

(CITY) _____ (STATE) _____ (ZIP) _____

HOME PHONE _____

GRADE POINT AVERAGE _____ ACT COMP SCORE _____

HIGH SCHOOL ACTIVITIES LIST ALL OFFICES YOU HAVE
HELD OR LEADERSHIP ROLES YOU HAVE FILLED.

LIST ACADEMIC AWARDS AND HONORS THAT YOU HAVE EARNED.

FUTURE PLANS AND GOALS.

WORK OR VOLUNTEER EXPERIENCE

(PLEASE LIST MOST RECENT *EMPLOYER FIRST*).

1. *PLACE OF EMPLOYMENT,*

SUPERVISOR:

2 *PLACE OF EMPLOYMENT*

Supervisor:

3. *PLACE OF*

EMPLOYMENT.

Supervisor: _____

PLEASE LIST OTHER FINANCIAL AID OR SCHOLARSHIPS WHICH
YOU HAVE BEEN AWARDED

PLEASE INDICATE THE NAMES OF THE COLLEGES TO WHICH YOU
HAVE BEEN ACCEPTED FOR NEXT

DATE _____ APPLICANT SIGNATURE _____