The C Robert Reed Scholarship Application

Minimum requirement for application is 3.00 GPA and 18 ACT score.

Students Name_____ Ph#_____

City_____State_____Zip_____

Parents Name_____ Ph# _____

What college do you plan to attend? _____

What will be your major? _____

Number of family members currently living at home? _____

Immediate family members attending college other than yourself? _____

Do you plan on working while attending college? Yes No

If currently employed: Where_____
How long _____ How many hours per week _____

Financial Need: part 1

Parents combined adjusted gross income _____
Please attach first page of most recent tax return. (This is required)

Financial Need: part 2

List all scholarships that you have applied for: _____
_____
_____

List all scholarships, financial assistance or any other sources of income you may be receiving to help with your college expense: _____
_____

School/Extra-Curricular Activities

Scholastic Achievements/Awards: _____

Athletics: _____

Extra-Curricular (Band, Choir, etc.): _____

Clubs/Organizations: _____

Community/Church activities: _____

(Please use a separate sheet if needed)

Written Communications

Please attach a one page <u>typed</u> essay stating in your own words why The Community State Bank should consider you a worthy candidate of this scholarship.

Interview Skills

Your Counselor will notify you of the interview date.

Academics

How many times did you take the ACT? _____

Must be completed by Counselor/Teacher:

Name of School_____

Date of Presentation_____ Time of Presentation _____

Students Cumulative High School GPA_____ ACT Score _____

Name of authorized party_____ Date_____

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Applications will not be considered if these requirements have not been met.

I hereby certify that all the information contained in this application is true and factual to the best of my knowledge. I understand that the scholarship money is to be used solely for the purpose of paying for my college tuition and books and may not be used for a personal nature.

Applicants Signature _____Date_____

Parents Signature_____Date_____