

**1ST NATIONAL BANK OF HUTCHINSON SCHOLARSHIP**

**COMPLETE AND RETURN THIS TO THE COUNSELOR'S OFFICE BY THE DUE DATE LISTED ON THE HAVENSCHOOLS WEBSITE**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Counselor verification \_\_\_\_\_

Name of College you plan to attend next year: 1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

How many years of post-secondary education are you planning? \_\_\_\_\_

Name(s) of parent(s) or guardian: \_\_\_\_\_

Occupation of male parent or guardian: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation of female parent or guardian: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Total number of family members living in the home: \_\_\_\_\_

Number of dependants in your parent's family including yourself:

Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of family members attending college next year: \_\_\_\_\_

In the Space provided, please indicate your family's adjusted gross income from last year's tax return:

_____ under \$15,000	_____ \$45,000 to \$60,000
_____ \$15,000 to 30,000	_____ \$60,000 to \$75,000
_____ \$30,000 to \$45,000	_____ \$75,000 to \$100,000
	_____ above \$100,000

Other financial considerations which need to be noted:

**Extracurricular Activities:**

**School organizations and clubs in which you have actively participated (show years of involvement and any office held):**

**Honors and awards:**

**Community or other activities:**

**Work Experience: Are you now employed? \_\_\_\_\_ If yes, where, what type of work, and how many hours per week do you work:**

*I agree that the information provided on this form is correct. I give permission for the school to release information from this application and the student's transcript to the appropriate scholarship committee. I agree to provide updated information to the counselor immediately as changes occur.*

*If I receive a scholarship and do not attend a post-secondary school full time (12 hours minimum per semester), I agree to return all scholarship money. Also, if I attend a school only for the first semester and not the second semester, I agree to repay half of the awarded scholarship.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date