SCHOLARSHIP APPLICATION

(NOT REQUIRED TO BE TYPED)

	SCHOOL	
NAME:		
ADDRESS:		
PHONE: ()		
HIGH SCHOOL GRADUATIO	N DATE:	
SCHOOL YOU PLAN TO ATT	END:	
	CURRICULAR ACTIVITIES: (This c and other activities not covered by y	s statement should relate your involvement in our transcripts.)
Add separate sheet if needed. REFERENCES: (Please list threapplication.)	ee references and ask each to prepare a	a letter of recommendation to accompany this
Name	Occupation	Address & Phone #
EMPLOYMENT: (Full-time, Pa	art-time or Summer)	
Place of employment	Job duties	
is important. (Please use a separa Please provide a copy of your tr	te sheet.)	ersonal goals. Include anything that you feel osite score with this completed application. 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	