

Scholarship Management Services®

One Scholarship Way, Saint Peter, MN 56082
507-931-1682 (phone) • 507-931-9168 (fax)
scholarshipmanagement.org

TO: Catherine Just, Counselor
Greenville High School

FROM: Rita Gibbs, Program Manager

SUBJECT: Community Bankers Scholarship Program

Alliance Bank is pleased to announce their 2016 Alliance Bank Educational Scholarship Program. Please distribute these 15 applications and program descriptions to your high school seniors. Applications and program descriptions may be photocopied as needed. Best wishes to your students.

Scholarship Management Services, a division of Scholarship America, will administer the program, evaluate applications, notify students, and disburse award checks to recipients. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals.

ELIGIBILITY REQUIREMENTS

Applicants to the scholarship program must be high school seniors who plan to enroll in a full-time undergraduate course of study at an accredited two- or four-year college, university or vocational-technical school in the fall following graduation.

AWARD

The scholarship award is \$2,000. The award may be renewed at the same amount for an additional three years on the basis of satisfactory academic performance and maintaining full-time enrollment in an undergraduate program.

APPLICATION

Interested students must complete the enclosed application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than March 15.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information provided; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENT

The scholarship recipient is selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, honors, work experience, a statement of educational and career goals, and an outside appraisal. Financial need is not considered. Selection of the recipient is made by Scholarship Management Services. In no instance does any bank or school official play a part in the selection. All applicants agree to accept the decision of Scholarship Management Services as final.

Preference is to award scholarships to students other than the Valedictorian.

Applicants will be notified by May 31. Not all applicants will be selected to receive an award.

OBLIGATIONS

The recipient has no obligation to the bank. However, the recipient is required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

Thank you for your assistance in making scholarship opportunities available to eligible students. If you have questions, please call me at 507-931-0542, email me at ritagibbs@scholarshipamerica.org, or write to me at the address printed above. Whenever you call or write, please refer to the Community Bankers Scholarship Program and Alliance Bank.

TO: Greenville High School Senior
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APPLICATION ACKNOWLEDGMENT POSTCARD

Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

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Alliance Bank Educational Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
 Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____ Apartment # _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 Email Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____
 School located in Hopkins County Hunt County Rockwall County

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
 Use official school names. Do not use abbreviations.

_____ City _____ State _____
 _____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Year in school next year: 1 Other, explain _____

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other, explain _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with this application. Grade reports are not acceptable. All applicants must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____ /4.0 scale	Unweighted: _____ /4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's Address: Street _____ City _____ State _____ ZIP code _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:
Alliance Bank Educational Scholarship Program
 Scholarship Management Services -- Rita Gibbs
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline March 15

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
 Parent's Signature _____ Date _____