

# ALLIANCE BANK SCHOLARSHIP

Return to counselor by April 1.

## SECTION I: APPLICANT INFORMATION

Name\_\_\_\_\_ Address\_\_\_\_\_

Phone\_\_\_\_\_ Parent's Name\_\_\_\_\_

NUMBER OF SIBLINGS AT HOME \_\_\_\_\_

OTHER THAN YOURSELF, HOW MANY MEMBERS OF YOUR HOUSEHOLD  
WILL BE IN COLLEGE OR TRADE/TECHNICAL SCHOOL NEXT YEAR \_\_\_\_\_

WHAT ARE YOUR CAREER PLANS

LIST ALL HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES, AWARDS  
RECEIVED, OFFICES HELD, COMMUNITY INVOLVEMENT, ECT. YOU MAY  
USE A SEPARATE SHEET IF NECESSARY.

LIST ALL FINANCIAL AID YOU HAVE RECEIVED

IF THERE ARE ANY SPECIAL FAMILY CIRCUMSTANCES YOU FEEL SHOULD  
BE CONSIDERED, PLEASE EXPLAIN:

Class Rank

GPA

ACT Score

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