



SCHOLARSHIP APPLICATION

Personal Data

Name: _____

Address: _____

Telephone: _____

Please attach an essay as required by the scholarship instructions.

Class Rank: _____

GPA: _____

Special Awards & Other School Activities

Please list:

Community Service

Please describe:

Planned Educational Pursuits

Name of school: _____

Career Interests: _____

The information on this application is true and correct to the best of my knowledge. I understand that this information and all supporting documents will be held in the strictest confidence by Apple River State Bank and First Community Bank of Galena. I further understand that all scholarships are awarded at the discretion of Apple River State Bank and First Community Bank of Galena and that all decisions are final.

Signature: _____ Date: _____

SIX LOCATIONS - ONE BANK!

Apple River 103 N. Main (815) 594-2351	Scales Mound 510 N. Main (815) 845-2900	Warren 135 E. Main (815) 745-2194	Elizabeth 112 N. Main St. (815) 856-2225	Hanover 215 Jefferson St. (815) 591-2201	Galena-First Community Bank 101 Exchange St. (815) 777-6300
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