

Earle Seaborn Scholarship Fund Farmers State Bank, Trustee

To be awarded each year to a graduating senior of any Pike County, IL high school. The recipient will receive a one-time award to be distributed equally over the four years he/she is a full time student and is in good academic standing at any leading university in the United States. Any field of study can be pursued.

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. ____ * I confirm that I am in financial need for this scholarship
2. ____ * I attend High School in Pike County, Illinois
3. ____ * I will be attending a college or university (preference in Illinois)

| | | | |
|---|-----------------|------------------------------------|-----------|
| Name | Last | First | Middle |
| Social Security Number | _____ | | Telephone |
| Home Address | Number & Street | City | State |
| | | | Zip |
| High School Attended | | | |
| County | _____ | Length of residence in this county | _____ |
| years. | | | |
| Name of Parent(s) or Guardian | | | |
| Address | Number & Street | City | State |
| | | | Zip |
| Date and Place of Birth | | | |
| Is anyone dependent upon you for support? | () Yes () No | | |
| If yes, name and relationship | | | |
| How many family members will be attending college full time during the next four years? | | | |
| Please list their names, relationship and years they will be attending college. | | | |
| Name | Relationship | Dates in College | |

I am planning to pursue a career as a

Name of College/University you are planning to attend

Location of College/University

Anticipated cost of first year's tuition, room & board & books

Check the following items to indicate how you plan to pay your expenses not covered by the scholarship.

☐ Money furnished by family; ☐ Earnings during the summer; ☐ Student employment; ☐ Student loans;

☐ Other means

(list _____)

Are you aware of other monetary awards you are receiving? ☐ Yes ☐ No

If so, please list:

As financial need is a requirement for this scholarship, you must attach a copy of pages one and two of your parents' and your Federal Income Tax Returns.

One of the considerations for this award is financial need. If there are special circumstances that you feel the selection committee should be aware of, please describe below.

Please list below, or on an attached sheet, activities in which you have participated during your high school career. (Include high school activities and community activities.)

Please list below, or on an attached sheet, any special honors or awards received in high school or in the community while in high school.

Please write below a short essay describing your career plans.

Please have your guidance office attach a copy of your high school transcript.

I certify that, to the best of my knowledge, all information given on this application is true and correct.

Date

Student Signature

Date

Guidance Counselor Signature