



SCHOLARSHIP APPLICATION

Submit completed application to any Peoples
Bank location by **April 15th**

PERSONAL INFORMATION:

Full Name: _____

Address: _____

Phone #: _____

FAMILY INFORMATION:

Father's Name: _____ Mother's Name: _____

Sibling Information:

| | Name | Age: | School/Occupation: | Lives with Applicant (Y/N)? |
|----|-------------|-------------|---------------------------|--|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

APPLICANT INFORMATION:

High School: _____

Current GPA? _____

College or post high school educational institution plan? Please explain:



SCHOLARSHIP APPLICATION, Cont.

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Provide any unusual circumstance that may prohibit you or your family from assisting your financially in school.

Do you expect to earn part of your future educational expenses? If so, please provide explain your plan:

FINANCIAL INFORMATION:

- A. Estimated education cost for one year: \$ _____
- B. Percentage your family will be contributing: _____% or \$ _____
- C. Percentage you will be contributing: _____% or \$ _____
- D. Other scholarship or grant benefits received? \$ _____
- E. Percentage not covered: _____% or \$ _____

FUTURE PLAN:

What is your intended vocation or profession?



SCHOLARSHIP APPLICATION, Cont.

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Major accomplishments during your high school years?

What are your long-term career goals and how do you plan to achieve them?

Thank you for completing the Peoples Bank Scholarship Application. Please return your completed application to any Peoples Bank location by **April 15th**. If selected, we may request a photo to be taken for use on our social media channels &/or other printed publications along with your first and last name. **By signing below you agree the information on this application is accurate. Furthermore, you consent to the use of the applicant's picture and first/last name for future marketing material associated with Peoples Bank Scholarship Program.**

X _____

Date _____

Print Name: _____

PARENTAL/GUARDIAN CONSENT, if student is under 18 years of age at the time of application date:

X _____

Print Name: _____

Date _____

ADEL

804 Greenwood Hills Dr
Adel, IA 50003
P.O. Box 98

BOONE

1212 Hawkeye Drive
Boone, IA 50036

CLIVE

12701 University Ave
Clive, IA 50325

GRAND JUNCTION

205 Main St E
Grand Junction, IA 50107
P.O. Box 49

GUTHRIE CENTER

401 Main St
Guthrie Center, IA 50115

JEFFERSON

116 W State St
Jefferson, IA 50129

SCRANTON

1021 Main St
Scranton, IA 51462
P.O. Box 426

WAUKEE

1185 SE University Ave
Waukee, IA 50263
P.O. Box 880