



THE HERITAGE BANK SCHOLARSHIP FUND

Application

NAME: _____ DATE OF BIRTH: _____ AGE: _____

PREFERS TO BE CALLED: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

FULL NAME OF PARENT/GUARDIAN(S): _____

ADDRESS (IF DIFFERENT FROM STUDENT): _____

HIGH SCHOOL: _____ DATE OF GRADUATION: _____

STUDENTS GRADE POINT AVERAGE: _____ RANK IN CLASS: _____ TOTAL GRADUATING CLASS: _____

ACT COMPOSITE SCORE: _____ ENGLISH: _____ MATH: _____ READING: _____ NATURAL SCIENCES: _____

AWARDS, HONORS AND OTHER SPECIAL RECOGNITIONS: *(attach additional sheets if necessary)* _____

SCHOOL AND COMMUNITY ACTIVITIES/LEADERSHIP ROLES: *(attach additional sheets if necessary)* _____

This scholarship is governed by the contract on file in the high school guidance counselor's office. I understand this scholarship must be used at a qualifying institution of post secondary education. A qualifying institution of post secondary education is a college, community college, university, or other accredited institution which awards two or four year degrees and which provides in-person classroom instruction. The scholarship award must be used during the first two (2) semesters immediately following the recipient's graduation from high school. Immediate family members of employees or those who work at Heritage Bank are not eligible.

The information on this application is true and correct and I give my permission for this information to be used for publicity purposes.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT OR GUARDIAN *(if the applicant is under 18 years of age)* _____

DATE: _____