Due: May 6th
- to Mrs. Moerbe

Brady National Bank Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness insure your application will be reviewed properly.

APPLICANT

Last Name
First Name
Middle Initial
Permanent Home
Mailing Address
Apartment _____
City
State
Zip Code
Telephone (325)
E-mail Address_____
Social Security Number
Date of Birth: Month Day Year
Please indicate your status

☐ Male ☐ Alaskan Native ☐ American Indian ☐ Asian or Pacific Islander or East Indian
☐ Female ☐ African American ☐ Hispanic or Latino ☐ White

PARENT OR GUARDIAN INFORMATION

Last Name
First
Middle Initial
Address
Relationship to Applicant:
Day Telephone:
E-mail Address _____, _____
Fax Number (____)_____

Father's Occupation:
Place of employment:

Mother's occupation:
Place of employment:

Names and ages of children in household:

HIGH SCHOOL DATA

School Name
Graduation Date: Month Day Year
City
State
Telephone

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)

City
State
_____ City_____ State_____

☐ 4 yr. College or University
☐ 2 yr. Community of Junior College
☐ Vocational-Technical School
☐ Other, explain _____

Year in school next year: 1 2 3 4 5

Major or course of study:
Anticipated date of graduation: Month Year
Anticipated degree: ☐ Bachelor's ☐ Associate ☐ Certificate ☐ Other_____

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximately number of hours worked each week. List amounts earned at each job

Employer	Position	Hours per week

ACTIVITIES, AWARDS, AND HONORS

List all school activities in which you have participated in the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held	Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long term goals.

_____

_____

_____

_____

UNUSUAL CIRCUM-STANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

_____

_____

_____

APPLICANT APPRAISAL

To be completed by a high school counselor , an instructor, or a work supervisor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	☐ extremely appropriate	☐ very appropriate	☐ moderately appropriate	☐ inappropriate
The applicant's achievements reflect his/her ability	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's ability to set realistic and attainable goals is	☐ excellent	☐ good	☐ fair	☐ poor
The quality of the applicant's commitment to school and/or community is	☐ excellent	☐ good	☐ fair	☐ poor
The applicant is able to seek, find, and use learning resources	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates curiosity and initiative	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's respect for self and others is	☐ excellent	☐ good	☐ fair	☐ poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone # _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMA-TION

High school seniors and students who have completed less than one full quarterly or semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. On-line transcripts and grade reports are acceptable.

Applicant ranks in a class of	Cumulative Grade Point Average Weighted:	PSAT		SAT 1		ACT	
		Verbal	Math	Verbal	Math	English	Math

School Official's Signature _____ Date _____ Title _____ Telephone _____

School Official's Address: Street _____ City _____ State _____ Zip Code _____

CERTIFICATION

The selection committee has the sole responsibility for selection recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of the committee. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the committee are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information that I have provided on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date_____

Parent's Signature _____ Date_____

Activity	Number of Years Part.	Special Awards, Offers	Offices Held