



**American Nation Bank Scholarship Application**

**Total scholarship to be awarded: \$1,000**

**(\$500 per semester, first year only)**

I, \_\_\_\_\_, will graduate this spring from

\_\_\_\_\_ High School and plan to continue my education at a college/university this fall. If I am chosen as a recipient of this award, I must attend a two or four year accredited college/university in the United States approved by American Nation Bank.

Student's Home Address:

\_\_\_\_\_  
Street City State Zip

Parent or Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

High School Address:

\_\_\_\_\_  
P.O. Box or Street City State Zip

Where and how many years do you plan on attending college/university?

\_\_\_\_\_

What is your desired field of study or major? \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

# American Nation Bank Scholarship

## Objective Criteria List

Section **A, B** and **C** of this application are to have either the Counselor's or Principal's authorized signature where indicated. Section **D, E, F** and **G** are to be completed by the applicant. A completed ANB application form must be received by American Nation Bank, P.O. Box 5009, Ardmore, OK 73403 no later than Monday, **April 8, 2019**. Applications received after **April 8, 2019** will not be considered.

**Section A:** Please attach a certified High School transcript through first semester of your Senior (grade 12) year.

**Section B:** List honors, awards or recognition received your Junior year:

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**Section C:** List honors, awards or recognition received your Senior year:

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**Student's Name:**

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**Counselor's or Principal's Signature:**

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**Date:** \_\_\_\_\_

**D: Financial need:** In the space provided, please indicate your family's total adjusted gross income from last year's tax return.

_____ \$30,000 or below	_____ \$40,001 to \$50,000
_____ \$30,001 to \$35,000	_____ over \$50,000
_____ \$35,001 to \$40,000	

Total number of family members living at home: \_\_\_\_\_

Number of dependents in your parents' family including yourself:

Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Number attending college: \_\_\_\_\_

Other financial considerations which need to be noted: \_\_\_\_\_

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**E: Extracurricular Activities:**

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Honors and Awards:

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Community or Other Activities:

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**F: Work Activities** – Are you now employed Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of work and how many hours per week?

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Do you plan on working while you attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan on living on campus or commuting? \_\_\_\_\_

