

INSTRUCTIONS

Arvetta M. Lewis Scholarship Fund

\$500 Minimum Awards

**First Financial Bank
Farm Department**

Purpose: First Financial Bank serves as Trustee of the *Arvetta M. Lewis Scholarship Fund*. The Trustee is directed to solicit applications for scholarships from graduating Ford or Livingston County High School seniors.

1. Submit completed application packets on or before **May 6, 2022** to: First Financial Bank, Farm Department, P.O. Box 680, Pontiac, IL 61764-0680. The applicant may submit photocopies of transcripts, letters of recommendation, and similar applications, provided the copies are disclosing the information requested. However, each application must be certified and acknowledged with original signatures.
 - Application
 - Certified Transcript ~ identifying ACT Scores, GPA and Class Rank (# of #)
 - Letter of Recommendation from Teacher or Administrator
 - Scholarship Instruction Sheet
2. Applicant selection will be based on:
 - Character
 - Scholastic achievement
 - Professional promise
 - Career plans
 - Community involvement
 - Recommendation of Teacher or Administrator
 - Financial need
3. **The applicant must enroll as a full time agriculture student in the College of Agriculture of the University of Illinois.**
4. The applicant's program of study must begin in the same year of graduating from high school.
5. The scholarship check will be issued to the University of Illinois for the benefit of the student.
6. The selection of the recipients will be announced in May.

ATTACH THIS INSTRUCTION SHEET TO APPLICATION.

SCHOLARSHIP APPLICATION

First Financial Bank Farm Department

Scholarship Name: **Arvetta M Lewis Scholarship Fund**

1. Applicant _____ Date _____

Address _____ Phone _____

City, State, Zip _____

High School Name _____

Place and date of birth _____

2. Please include the following items in application packet:

A. Application

B. Certified Transcript ~ identifying ACT Scores, GPA and Class Rank (# of #)

C. Letter of Recommendation from Teacher or Administrator

D. Scholarship Instruction Sheet

3. List your participation in school activities, and offices held.

4. List your participation in community activities, and offices held.

5. Please state your career plans, including the major field of study. **The applicant must enroll as a full time agriculture student in the College of Agriculture of the University of Illinois.** Any past employment or experiences may be included.

Field of Study_____

6. Are you applying for any other scholarships? YES or NO

If yes, please list below and indicate the amount. Mark those scholarships received.

<u>Received</u>	<u>Scholarship</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Name of Parent or Guardian_____

Address_____

Phone_____Number of Brothers and Sisters_____

Number of brothers and sisters presently in college_____

Father's Employment_____

Mother's Employment_____

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8. Parents' Adjusted Gross Income from 2021 Federal Income Tax Form \$ _____

Number of dependents on this income: _____

9. Have you or will you complete the Federal Student Aid application? YES or NO

If yes, please indicate your Estimated Family Contribution from your Student Aid Report _____.

10. Identify the following continuing education costs for one year:

Tuition \$ _____, and Room and Board \$ _____

11. Indicate the amount of financial aid available from parents, guardian, or other organizations per year \$ _____. If the financial aid is not cash, please explain:

12. Do you have part-time or summer employment? YES or NO
If yes, please list your employer, position and earnings.

<u>Employer</u>	<u>Position</u>	<u>Earnings</u>
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13. List three personal references, non-family members, who would attest to your work habits and character.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
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14. Please attach a statement from a school administrator or a teacher recommending you for this scholarship based on achievement and need.
15. The scholarship check will be payable to the institution for the benefit of recipient.
16. I certify that I have completed this application and all statements are true and correct to the best of my knowledge.

Applicant's Signature

Applicant's Social Security

Parent or Guardian's Signature