INSTRUCTIONS

Samuel Leslie Bane and Marguerite Bane Scholarship Fund Trust

Ten - \$1,000.00 Awards

Bank of Pontiac-Trust Dept. Pontiac, Illinois

Purpose:

The Bank of Pontiac Trust Department administrates this scholarship fund. The Bank Selection Committee solicits applications from graduating Pontiac Township High School seniors who will go on to further their studies in any curriculum. Previous recipients of this award may reapply for their sophomore level if said student demonstrates a "B" grade level or better.

- Applications are to be distributed and returned through the Guidance Department. Applicants are asked to submit completed packets to the Guidance Office on or before April 20, 2023. Applicants 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. Please include the following information:
 - A. Certified Transcript

C. Application

B. ACT Scores

D. Letter from Administrator or Teacher

- 2. Applicant selection will be based on:
 - -Character-financial need

-Scholastic achievement

-Recommendation of

-Success in field of study

Administrator or Teacher

-Career plans

-Community Involvement

3. There are no restrictions on the applicant's selection of an institution for continuing education.

- College

- Vocational School

- Technical School

- Other advanced study
- 4. The applicant's program of study must be uninterrupted and continuous upon graduating from high school.
- 5. Limit of one scholarship per year for any one recipient.
- 6. The scholarship check will be issued to the student and institution of their choice.
- 7. The selection committee will be appointed annually by the Bank of Pontiac
- 8. The selection of the recipients will be announced during the High School Honors Night.

SCHOLARSHIP APPLICATION

2023-Ten Awards \$1,000.00 each

Scholarship Name-Samuel Leslie Bane and Marguerite Bane Scholarship Fund Trust

Applicant	Date		
Address	Phone		
City, State, Zip			
High School Name	Graduation Year		
Place and date of birth			
Please include the following items in application packet: (Use back of application if more space needed)			
A. Certified TranscriptB. ACT ScoresC. Class Rank (# out of #)and GPA with school scale.	D. ApplicationE. Letter from Administrator or Teacher		
List your participation in school activities, and offices held.			
List your participation in community activity	ties, and offices held.		

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Institution	Field of Study			
Are you applying for any other scholarships? YES or NO				
If yes, please list below ar	d indicate the amount. Mark those scholarships re	ceive		
Received Scholarship	<u>Amount</u>			
Name of Parent or Guardian				
Address				
	Number of Brothers and Sisters			
Phone				
	sters presently in college			

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Parents' Adjusted Gross Income from 2022 Federal Income Tax Form \$				
Number of dependents on this	s income:			
Have you or will you complete the Free Application for Federal Student Aid? YES / NO				
If yes, please indicate your EFC from your Student Aid Report				
dentify the following continuing education costs for one year:				
Tuition \$, and Room and Board \$			
	al aid available from parents, guard			
Do you have part-time or sumr	• •	S or NO		
If yes, please list your employe Employer	er, position and earnings. <u>Position</u>	<u>Earnings</u>		
List three personal references, habits and character.	, non-family members, who would	attest to your work		
	, non-family members, who would Address	attest to your work Occupation		

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Parent or Guardian's Signature

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 recipient and the institution.				
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			