**Earle Seaborn Scholarship Fund**

**Farmers State Bank, Trustee**

**To be awarded each year to a graduating senior of any Pike County, IL high school. The recipient will receive a one-time award to be distributed equally over the four years he/she is a full time student and is in good academic standing at any leading university in the United States. Any field of study can be pursued.**

**Eligibility:** Students must meet these criteria to be eligible. Please initial.

1. **\_\_\_\_**\* I confirm that I am in financial need for this scholarship
2. **\_\_\_\_**\* I attend High School in Pike County, Illinois
3. **\_\_\_\_\*** I will be attending a college or university (preference in Illinois)

**Name**

**Last First Middle**

**Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone**

**Home Address**

**Number & Street City State Zip**

**High School Attended**

**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of residence in this county\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.**

**Name of Parent(s) or Guardian**

**Address**

**Number & Street City State Zip**

**Date and Place of Birth**

**Is anyone dependent upon you for support? ( ) Yes ( ) No**

**If yes, name and relationship**

**How many family members will be attending college full time during the next four years?**

**Please list their names, relationship and years they will be attending college.**

**Name Relationship Dates in College**

**I am planning to pursue a career as a**

**Name of College/University you are planning to attend**

**Location of College/University**

**Anticipated cost of first year’s tuition, room & board & books**

**Check the following items to indicate how you plan to pay your expenses not covered by the scholarship.**

**( ) Money furnished by family; ( ) Earnings during the summer; ( ) Student employment; ( ) Student loans;**

**( ) Other means (list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Are you aware of other monetary awards you are receiving? ( ) Yes ( ) No**

**If so, please list:**

**As financial need is a requirement for this scholarship, you must attach a copy of pages one and two of your parents’ and your Federal Income Tax Returns.**

**One of the considerations for this award is financial need. If there are special circumstances that you feel the selection committee should be aware of, please describe below.**

**Please list below, or on an attached sheet, activities in which you have participated during your high school career. (Include high school activities and community activities.)**

**Please list below, or on an attached sheet, any special honors or awards received in high school or in the community while in high school.**

**Please write below a short essay describing your career plans.**

**Please have your guidance office attach a copy of your high school transcript.**

***I certify that, to the best of my knowledge, all information given on this application is true and correct.***

**Date Student Signature**

**Date Guidance Counselor Signature**