



**EXTRACURRICULAR AND PERSONAL ACTIVITIES:**

Please list your principal extracurricular, community and family activities and hobbies in the order of their interest to you. For example, musical instrument played, varsity letters earned, etc. Please check (x) the column before those activities you hope to pursue in college.

Activity	Grade Level of Participation	Amount of Time Spent Per Week or Year	Position Held or Honors Won

**WORK EXPERIENCE (if any):**

Please list the last three jobs you have held:

Nature of Work	Employer	Employment Dates	Hours Per Week

**PERSONAL STATEMENT:**

It is our aim to get to know you as well as possible through this application. With this in mind, please describe in detail some specific interest, experience or achievement or anything else you would like us to know about you. At the end, describe how this scholarship would help you and your family. Attached a sheet if necessary.

Planning to attend: \_\_\_\_\_

Courses of study: \_\_\_\_\_

Estimated School Expenses:

Tuition	\$	_____
Room and Board	\$	_____
Books	\$	_____
Other _____	\$	_____

Financial assistance expected from other sources:

Family	\$	_____
Summer Job	\$	_____
Campus Employment	\$	_____
Other Scholarships	\$	_____
Which Ones? _____		
Other _____	\$	_____

Student Signature: \_\_\_\_\_

The following administrator and counselor endorse my application for scholarship:

Principal: \_\_\_\_\_ Signature  
Counselor: \_\_\_\_\_ Signature

One of the criteria is the student must be in the upper 40% of the graduating class.  
Please provide the following verification: Currently # \_\_\_\_\_ of \_\_\_\_\_ total students

Please return this application grant to Five Points Bank Trust Department, P.O. Box 1507, Grand Island, Nebraska 68802 before April 10th. You may be invited to make a personal appearance before the Trust Committee of the Bank that will be making the grant decisions.

**FINANCIAL INFORMATION  
BY PARENT OR GUARDIAN OF**

(Completion of this section will be helpful in determining applicant's need, will be kept confidential and will be used only in evaluating the attached scholarship application)

Number of Dependents (excluding yourself and spouse) \_\_\_\_\_

Number of Dependents now in college \_\_\_\_\_

Describe any unusual circumstances causing financial distress (such as fire loss, large medical expenses, etc.) \_\_\_\_\_  
\_\_\_\_\_

A. Self-employed - if you own or are a part owner of a business, farm or ranch, give the following information:

1. Approximate net worth (Value of assets less amount of debts) \$ \_\_\_\_\_
2. Your annual income from the business, farm or ranch \$ \_\_\_\_\_
3. Annual income from other sources (if any) such as investments, rental properties, social security benefits, etc. \$ \_\_\_\_\_

B. Not self-employed - if you have wages in addition to business income, please complete this portion also:

1. Gross annual wages, salaries, tips, commissions, etc. (before payroll deductions) of parents or guardian \$ \_\_\_\_\_
2. State approximate net worth (value of home, savings accounts, stocks and bonds or other investments, less amount of debts) (Not included in "A" above) \$ \_\_\_\_\_
3. Annual income from other sources (if any) such as investments, rental properties, social security benefits, etc. (Not included in "A" above) \$ \_\_\_\_\_

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

Signed by \_\_\_\_\_ (Father)  
\_\_\_\_\_ (Mother)  
\_\_\_\_\_ (Guardian)