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Oregon Pacific Bank Scholarship Application

First Name:	Last Name:
Oregon Pacific Bank Scholarship	

This scholarship was established in 1981 to encourage and recognize outstanding high school seniors in our communities. We award one scholarship for \$2000 in each of the specified geographic areas. Applicants must be in the current year graduating class in the following schools or geographic areas: Siuslaw/Mapleton, Douglas County, Coos County, Jackson County, Eugene/Springfield, Tigard/Tualatin. *Applicants do NOT need to be a client of Oregon Pacific Bank to apply.

Eligibility Requirements

- 1. Applicant must demonstrate intent to pursue either an academic or vocational career at an accredited college, university, or vocational institution.
- 2. Primary consideration in selecting the candidate will focus on leadership in community service or extra-curricular activities while maintaining credible academic achievement.
- 3. Applicant must:
 - 1. Present information on their financial need by submitting pertinent information to the scholarship committee.
 - 2. Provide a Grade Transcript from their current school.
 - 3. Provide TWO letters of recommendation written & signed by someone not related to the applicant.
 - 4. Provide a personal essay.

One scholarship in the amount of \$2,000 will be awarded to one student at each of the five communities listed above, and shall be paid directly to the student's college, university or vocational institution. It is the student's responsibility to provide the Oregon Pacific Bank Scholarship Committee (Attn: Deborah Kingry, P.O. Box 22000, Florence, Oregon 97439) with proof of enrollment in order for the scholarship to be paid. Failure to claim the scholarship within one school year will result in forfeiture.

Procedures

Applications are due to Oregon Pacific Bank by **5pm on the first Friday in April**. The OPB Scholarship Committee will act on the applications. Incomplete applications or applications submitted after the deadline will not be considered.

The award is to be announced and presented according to each school's method of presentation. The award will be accompanied by a letter of instruction detailing how the money will be disbursed for the benefit of the student.

Questions concerning this scholarship should be made to the Oregon Pacific Bank Scholarship Committee: (541) 997.7121

PERSONAL INFORMATION			
	Cell #	Home #	Email
Contact Information			
Mailing Address (required)	Address Line 2 City	State	ZIP Code
Please identify which geographical area your High School is located in to confirm eligibility (required)			

	employee (which includes domestic partner).	s any dependent child—legally a	idopted, foster child o	or step child—including th
	PAR	ENT/GUARDIAN INFORMATIO	N	
	Name	Phone #	Email	Occupation
Parent 1				
Parent 2				
Guardian (if any)				
	Address Line 1			
est Mailing Address to ontact Parents or Guardian equired)	Address Line 2			
	City	State	ZIP Co	ode
		EDUCATION		
	Name	of High School		GPA
High School Information				
	Address Line 1			
ddress of High School required)	Address Line 2			
(. 044 04)	City	State	ZIP Co	ode
	lı	nstitution Name		Location
Colleges/Universities/Vocati				
onsideration, listed by riority (required)				
, (loquilou)				
Major Field o	f Study	Expected Degree		Career Goal(s)

Are you currently working, or have you worked during high school? Please give us details on places of employment, duration, and type of work. (required)

Place of Work

Duration

Type of Work

ESTIMATED ANNUAL COST of EDUCATION

	Estimated \$ Amount			
Tuition and Fees				
Room and Board				
Books and Supplies				
Transportation				
Anticipated Personal Expenses (clothing, laundry, recreation, etc.)				
Unusual or major expenses for which applicant is responsible				
Total estimated financial need per year of college				
		Details	Estimated	I \$ Amount
	Scholarship(s)			
	Loan (s)			
	Savings		_	
Other Resources (required)	Family Financial Assistance			
	Work/Study		_	
	Employment		_	
	Other			
If family cannot assist			_	
financially, please explain:				
Siblings/others dependent on the family: (attach an additional document if necessary)	Name	Relat	tionship	Age
Please select one: (required)	College would not be possible without scholarship assistance. College would be difficult without scholarship assistance.			
	College is not dep	endent upon scholarship assistan	ce.	
		ESSAY		

Please provide a brief 4 paragraph maximum essay that shares information about you that is not evident in the rest of this application, including school experiences, community activities, honors to date, extracurricular activities, positions of responsibility, club, athletics, etc. (required)	Please submit this information as a	n additional attachment.		
You MUST include your GRADE TRANSCRIPTS, TWO signed letters of RECOMMENDATION, and any additional documents you'd like to include with your application here. (required) Grade Transcripts and two signed letters of recommendation are required.	Please submit this information as a/n additional attachment(s). Failing to provide all required attachments, including SIGNED letters of recommendation, will result in an incomplete application. Incomplete applications will not be considered.			
ACKNOWLEDGEMENT				
All statements in this application are correct to the best of my knowledge. (required)				
Applicant Signature (required) *typing your name counts as a signature.	Applicant Name	Date of Application		