

Alliant Bank Scholarship

Please fill out the information and return to the school counselor. Application will be reviewed by Alliant Bank scholarship committee. DUE: APRIL 15th.

Student Name: _____

Birth Date: _____ **Gender:** _____

Address: _____

Telephone: _____

Parent(s)/Guardian: _____

What college or tech. school do you plan to attend:

What will be your major course of study:

What activities have you participated in during high school:

What is your grade point avg: _____ **Class rank:** _____

Community organizations in which you are involved:

Please give a brief description of how you have served your school, church and community:

Signature of Applicant: _____ **Date:** _____