



Eaton Community Bank Floyd M Jewell Memorial Scholarship Application

Applicants Full Name: Mr. ____ Ms. ____ _____

Social Security Number: ____-____-____ D.O.B. ____-____-____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

CAREER PLANS

What are your career plans?

If you do not have specific career plans, what is your field of interest? (business, education, health, etc.)

List the colleges to which you have or will apply:

Name	Applied	Accepted
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Extracurricular Activities

Please list school, community and church activities in which you have participated.

Honors and Awards

Family Data

Name of parent(s) or guardian with whom you live:

List the names and ages of each household member:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Father's occupation: _____

Name of Employer: _____ Number of Years _____

Mother's occupation: _____

Name of Employer: _____ Number of Years _____

Financial Data

If parents are separated or divorced, use income of parent you live with.

Previous years Adjusted Gross Income of Parent(s) \$ _____

Current years Estimated Adjusted Gross Income. \$ _____

Additional Income:

Child Support \$ _____

Social Security \$ _____

Other \$ _____

Total Assets: (home, autos, other real estate, investments, etc.) \$ _____

Total Liabilities: (total amount owing on all debts) \$ _____

Projected Budget of First College Year

Tuition \$ _____

Books \$ _____

Room & Board \$ _____

Transportation \$ _____

Personal \$ _____

Total: \$ _____

Sources of Revenue

Parental Assistance \$ _____

Current Savings \$ _____

Loans \$ _____

Other (specify) \$ _____

Total: \$ _____

Additional Information

Please provide any additional information concerning your specific financial needs or circumstances which would be helpful in the evaluation of your application.

For Office Use Only

GPA

Class Rank

- All information provided with this application will be used only for the purpose of this scholarship application and will be held in the strictest confidence.
- No deposit or purchase is required to apply for or receive this scholarship.

AUTHORIZATION TO USE WRITTEN MATERIALS / PHOTOGRAPHS / NAME

I, _____, hereby authorize Eaton Community Bank (the Bank) to use, reproduce, and/or publish visual materials, including photographs along with (or without) my name. I authorize my name to be partially or fully disclosed. I understand this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on the Bank’s website(s). This authorization is continuous and may only be withdrawn by my specific written rescission of this authorization. Consequently, the Bank may publish materials, use my name, photograph, and/or make reference to me in any manner the Bank deems appropriate in order to promote and/or publicize services or community reinvestment opportunities of the Bank’s, without further notice or compensation to me.

Students Signature: _____ **Date:** _____

Parent(s) Signature: _____ **Date:** _____

**PLEASE
RETURN COMPLETED APPLICATION
TO THE GUIDANCE OFFICE AT YOUR SCHOOL BY APRIL 16.**