

SAGE CAPITAL BANK

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COLLEGE/UNIVERSITY/TRADE SCHOOL ATTENDING:

QUALIFICATIONS: Must be a graduating high school senior planning to attend a college/university or a vocational/trade school. **Student applying, or immediate family must be a customer of Sage Capital Bank.**

Please attach a copy of your transcript, resume, counselor appraisal, and application to this coversheet. Please carefully follow the directions on the application.

Sage Capital Bank

Scholarship Selection Criteria

- **Student applying, or immediate family** (*mother, father or legal guardian*) **must be a customer of Sage Capital Bank.**
- Academic Factors - GPA, Class rank, SAT, ACT
- Activities - School Related, Personal, Community, Church, Other Volunteerism
- Awards and Honors
- Appraisal by High School Counselor
- Unusual Circumstances - Anything in a student's life that may have hindered him or her from being able to achieve goals in schoolwork, or participate in school and community activities.

SAGE CAPITAL BANK
SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensures your application will be reviewed properly.

Application Checklist

The student is responsible for submitting all materials on time. This scholarship application becomes complete and valid only when you have submitted all of the following materials:

Student Application (5pgs.) w/Coversheet

Current Complete Transcript (s) of Grades (including grading scale)

Applicant Data

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Home/Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ E-mail Address: _____

Social Security Number: _____ Date of Birth: Month ____ Day ____ Year ____

Please indicate your status (for statistical purposes only): _____ Male _____ Female

Parent or Guardian Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Relationship to Applicant: _____ Daytime Phone #: (____) _____

E-Mail Address: _____

High School Data

Name of School: _____ Graduation Date: Month: ____ Day ____ Year ____

City: _____ State: _____ Zip Code: _____

Post- Secondary School Data

Name of post-secondary school you plan to attend. (If unknown, please list the schools to which you have applied, in order of preference.) Use official school names. Do not use abbreviations.

City _____ State __________
City _____ State _____

4 year College or University

2 year Community College or Junior College

Vocational/Technical School

other, explain _____

Major or course of study: _____

If the space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

Work Experience

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work, etc.). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From- Mo./Yr.	To- Mo./Yr.	Hours per Week

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community services in which you have participated during the past four years. (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Note all special awards, honors, and offices held.

Activity	N. of Year(s) Participated	Special Awards or Honors	Office(s) Held

Goals and Aspirations

Make a brief statement or summary that relates to your future educational and career objectives, and long-term goals.

Unusual Circumstances

Please describe when and how an unusual family or personal circumstance has affected your achievement in your schoolwork experience, or your participation in school and community activities.

Relationship with Sage Capital Bank

Describe your past and present relationship with Sage Capital Bank.

Applicant Appraisal (Required)

This section of the application is to be completed by a high school counselor, college advisor, an instructor, or a work supervisor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	extremely appropriate	very appropriate	moderately appropriate	inappropriate
The applicant's achievements reflect his or her ability	extremely well	very well	moderately well	inappropriate
The applicant's ability to set realistic and attainable goals is	excellent	good	fair	poor
The quality of the applicant's commitment to school and /or the community is	excellent	good	fair	poor
The applicant's ability to seek, find, and use learning resources	excellent	good	fair	poor
The applicant demonstrates curiosity and initiative	extremely well	very well	moderately well	not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	extremely well	very well	moderately well	not well
The applicant's respect for self and others is	excellent	good	fair	poor

COMMENTS: _____

Appraiser's Name: _____ Title: _____ Phone: (____) _____

Signature: _____ Organization: _____ Date: _____

Transcript Information:

An **official** transcript of grades must be sent with this application.

High school senior must include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____.

Cumulative Grade Point Average: Weighted: _____/4.0 scale

Unweighted: _____/4.0 scale

PSAT: Verbal _____ SAT 1: Verbal _____ ACT: English _____

Math _____ Math _____ Math _____

School Official's

Signature: _____ Title: _____

Date: _____ Phone: (____) _____

School Official's

Address: Street _____ City _____ State _____ Zip _____

Certification

The Sage Capital Bank Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the attached coversheet. This application is the sole property of Sage Capital Bank. (It is recommended that you keep a copy for your files)

I acknowledge that the decisions of the Sage Capital Bank Scholarship Committee are final. I certify that I meet the basic eligibility requirements described in the application, and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. I understand that falsification of information given may result in revocation of any scholarship granted.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____