



FIRST STATE BANK



MARY HELEN MYRICK SCHOLARSHIP APPLICATION

NAME: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

TELEPHONE # _____

PARENTS' NAMES: _____

ADDRESS: _____

NUMBER OF OLDER BROTHERS AND SISTERS: _____

NUMBER OF YOUNGER BROTHERS AND SISTERS: _____

NUMBER OF SIBLINGS ENROLLED IN COLLEGE: _____

FAMILY COMBINED INCOME:

- _____ UNDER \$20,000 ANNUALLY
- _____ UNDER \$30,000 ANNUALLY
- _____ UNDER \$40,000 ANNUALLY
- _____ UNDER \$50,000 ANNUALLY

NAME OF HIGH SCHOOL: _____

LIST ANY OTHER SCHOLARSHIPS EARNED: _____

LIST ANY COMMUNITY INVOLVEMENT: _____

Please provide a brief statement of your career or college goals. Include any special needs or information you feel is pertinent to the selection process.

ALL INFORMATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE/DATE

Dear Applicant,

Please submit this application along with a copy of the following:

- **Two letters of recommendation from your school's faculty. One letter should be from one of your core subject teachers.**
- **Copy of 1040 filed for 2021 income taxes to verify total income for family.**
- **Class ranking from counselor's office.**