



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 THE 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 2024 income taxes to verify total income for family.**
- **Class ranking from counselor's office.**