



**American Nation Bank Scholarship Application  
2024**

**Total scholarship to be awarded: \$1,000  
(\$500 per semester, first year only)**

I, \_\_\_\_\_, will graduate this spring from  
\_\_\_\_\_ High School and plan to continue my education at a  
college/university this fall. If I am chosen as a recipient of this award, I must attend a two or  
four year accredited college/university in the United States approved by American Nation Bank.

Student's Home Address:

---

Street City State Zip

Parent or Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

High School Address:

---

P.O. Box or Street City State Zip

Which college/university do you plan to attend?  
\_\_\_\_\_

What is your desired field of study or major? \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

# American Nation Bank Scholarship

## Criteria List

Sections **A**, **B** and **C** of this application are to have either the Counselor's or Principal's authorized signature where indicated. Section **D**, **E**, **F** and **G** are to be completed by the applicant. A completed ANB application form must be received by American Nation Bank, P.O. Box 5009, Ardmore, OK 73403 no later than **Monday, April 1, 2024**. Applications received after **April 1, 2024** will not be considered.

**Section A:** Please attach a certified High School transcript through first semester of your Senior (grade 12) year.

**Section B:** List honors, awards or recognition received your Junior year:

---

---

---

---

**Section C:** List honors, awards or recognition received your Senior year:

---

---

---

---

**Student's Name:**

---

**Counselor's or Principal's Signature:**

---

**Date:** \_\_\_\_\_

**D: Financial need:** In the space provided, please indicate your family's total adjusted gross income from last year's tax return.

\_\_\_\_\_ \$30,000 or below

\_\_\_\_\_ \$50,001 to \$60,000

\_\_\_\_\_ \$30,001 to \$40,000

\_\_\_\_\_ over \$60,000

\_\_\_\_\_ \$40,001 to \$50,000

Total number of family members living at home: \_\_\_\_\_

Number of dependents in your parents' family including yourself:

Children: \_\_\_\_\_ Ages: \_\_\_\_\_ Number attending college: \_\_\_\_\_

Other financial considerations which need to be noted: \_\_\_\_\_

---

---

**E: Extracurricular Activities:**

---

---

Honors and Awards:

---

---

Community or Other Activities:

---

---

**F: Work Activities –** Are you now employed Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of work and how many hours per week?

---

Do you plan on working while you attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan on living on campus or commuting? \_\_\_\_\_

