



Community Scholarship Application

Online Application

Please return your completed application to any Citizens State Bank location or mail to:
Citizens State Bank; Attn: Marketing Department; PO Box C; New Castle, IN 4762
Attach additional documentation if needed.

Name of Applicant _____ Date _____

Home Address _____

City, State, Zip _____

Date of Birth _____ Phone _____

School Name _____ Current GPA _____

School You Plan to Attend _____ Anticipated Major _____
(Attach letter of acceptance or current transcript)

Extracurricular Activities (include dates and any leadership positions held)

Client Relationship(s)

Name _____ Relationship _____ Account # _____

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In the event I am awarded the Citizens State Bank Community Scholarship, I grant permission to Citizens State Bank and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Citizens State Bank and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

I certify I have read the qualifications and factors in determining the recipient and accept them without limitation. In addition, I certify the information on this application is correct, and that all the work I submit as part of this application is mine.

Signature of Applicant _____ Date _____
If Applicant is under the age of 18,

Signature of Parent or Legal Guardian of above-named minor _____ Date _____