

# LUCILLE FLICK LARSON SCHOLARSHIP

State Bank of Lincoln, Trustee

## APPLICATION

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Home  
Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP) (COUNTY)

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents'  
Name(s): \_\_\_\_\_

Father's Occupation and  
Employer: \_\_\_\_\_

Mother's Occupation and Employer: \_\_\_\_\_

Are you a child or descendant of a past or present school administrator or certified staff at any school?  Yes  No

High School To Graduate from: \_\_\_\_\_

Grade Point Avg.: \_\_\_\_\_ # in Your Class: \_\_\_\_\_ Your Rank in the Class: \_\_\_\_\_

Have you been involved in the education field or active in education related activities as a volunteer, an employee, or for recreation, etc.? If so, please elaborate:

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Number of hours per week in extra-curricular activities: \_\_\_\_\_

Involvement in school activities (athletics, clubs, programs, etc.) and leadership positions/responsibilities assumed:

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Involvement in organized community activities (4-H, church groups, scouts, etc.) and leadership positions/responsibilities assumed:

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Number of hours per week in job: \_\_\_\_\_

List all jobs you have held while in high school (employer, duty and dates):

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College or University you plan to attend this fall:

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Full-time?: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Your Course of Study: \_\_\_\_\_

Your Professional Goals:

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**Estimated annual cost of college or university of your choice:**

ESTIMATED EXPENSES	Fall Semester	Spring Semester
TUITION AND FEES		
ROOM AND BOARD		
BOOKS AND SUPPLIES		
TRANSPORTATION		
OTHER EXPENSES		
TOTAL		

**How much of the above total cost do you expect to pay from:**

VACATION EARNINGS	
PERSONAL SAVINGS	
COLLEGE EMPLOYMENT	
ASSISTANCE FROM PARENTS	
ASSISTANCE FROM OTHERS	
LOANS	
OTHER (INCLUDE SCHOLARSHIPS)	
TOTAL	

**Amount of assistance you will need:** \_\_\_\_\_

I hereby certify that to the best of my knowledge, the above information is correct and complete.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION DEADLINE:**

Your completed application and other required information **must be received by Friday, April 17, 2020** in order to be considered.

**Submit your completed application and other required information to:**

State Bank of Lincoln  
Attn: Wealth Management  
508 Broadway  
P.O. Box 529  
Lincoln, Illinois 62656

**Checklist to be completed by applicant:**

- Application
- Official high school transcript
- Certification of rank in class and ACT scores (if not within high school transcript)
- Two recommendations from unrelated high school staff