The C. Robert Reed Scholarship Application

*Minimum requirement for application is 3.00 GPA and 18 ACT score.

Students Name			Ph#	
City	State		Zip	
Parents Name				
What college do you plan to attend?				
Do you plan on working while attend	ling college?	Yes	No	
If currently employed, where and how	w long			
Financial Need (Makes up	30% of to	tal score	e)	
Family members currently living @ l	nome			
Immediate family members currently	attending col	lege, other	than yourself: Yes or N	0
If yes, how many				
Parents combined adjust gross incom	e from last ye	ar's tax re	turns:	
\$30,000 or below\$31,000-45			,000\$61,000 - 75,0 1,000 or above	000
Please list all other assistance that yo	u have applied	d for:		
List all other scholarships or financia	l assistance yo	ou may be	receiving:	
Written Communications (A	Makes up	20% of	total score)	
Please attach a type written pa Community State Bank should scholarship.	_	-	•	

School/Extra Curricular Activities: (Makes up 15% of total score)				
Scholastic Achievements/Awards:				
Athletics:				
Extra Curricular (Band, Choir, etc)				
Community/Church activities				
Interview Skills (Makes up 20% of total score)				
Your Counselor will notify you of the interview date.				
Academics (Makes up 15% of total score)				
How many times did you take the SAT or ACT?				
To be completed by Counselor/Teacher:				
Name of School				
ate of Graduation Date of Awards Assembly				
Students Cumulative High School GPA ACT Score				
Name of authorized party Date				
*Minimum requirement for application is 3.00 GPA and 18 ACT or S Applications will not be considered, if these requirements have not be				
Total Score				
I hereby certify that all the information contained in this application is the best of my knowledge. I understand that the scholarship money is to for the purpose of paying for my college tuition and books and may not personal nature.	to be used solely			
Applicants SignatureDate	<u>;</u>			
Parents SignatureDate	·			