

**J. BRYAN AND NORMA R. McCANN
CHARITABLE AND EDUCATIONAL TRUST**

Application Form

Scholarships are available to graduating Seniors and 1st, 2nd, and 3rd year College students who are graduates of Fort Frye High School or any public or private high school in Washington County, Ohio.

**APPLICATIONS WILL BE CONSIDERED ONLY IF THE FOLLOWING
CRITERIA ARE COMPLIED WITH:**

1. Submission of most recent official transcript of high school grades and ACT or SAT scores by current high school students; Submission of official transcript of college grades only by current college student;
2. Submission of the most recent Federal Income Tax Returns (parents and students); or FAFSA Report or other proof of income
3. Submission by new applicants of at least two Letters of Recommendation (non-family members); and
4. Submission of Application and all required supporting information must be postmarked by **April 25th** and returned to **Century National Bank, Trust Department, P.O. Box 1515, Zanesville, Ohio 43702-1515.**

This is a Re-Application _____ Yes No

This is a New Application _____ Yes No

NOTE: If this is a New Application, please attach evidence of acceptance to school named on Page Two.

**J. BRYAN AND NORMA R. McCANN CHARITABLE AND EDUCATIONAL TRUST
APPLICATION FOR EDUCATIONAL ASSISTANCE**

NOTE: This form must be fully completed and returned, along with all required information to Century National Bank, Trust Department, P.O. Box 1515, Zanesville, Ohio 43702-1515. Application must be postmarked by April 25th. Questions?? Contact 1-800-321-7061 or 740-455-7324

BIOGRAPHICAL INFORMATION (Please type or print in ink)

My full legal name is

I am usually Called last first middle Jr., etc.
Sex: Male Female

Permanent Home Address: Phone #
number & street

city or town state zip county
I have resided at that location for years. I reside with my parents at said location: Yes No

Mailing address, if different from above:
number & street

city or town state zip county

Birthdate month/day/year Place of Birth:

My father's name is:

My mother's name is:

Those who are dependent upon my Father and Mother for support are:

Name	Relationship	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am now or will be a graduate of High School. Date of Graduation

I plan to attend or am now attending College.
school

Expected year of college graduation

Address of school

Please attach evidence of acceptance to the school named above.

I shall be a (check one) freshman sophomore junior senior commencing month/year

My total anticipated educational expenses for the academic year 200 -200 will be \$

I plan to meet these expenses from the following sources:

\$ family help

\$ loan from

\$ student's earnings

\$ other scholarship grants & aids (list below)

ACADEMIC HONORS

Briefly describe any scholastic distinctions or honors you have won since the eighth grade:

EXTRACURRICULAR AND PERSONAL ACTIVITIES:

Please list your principle extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. Please check in the right column you hope to pursue in college.

	Grade level or post-secondary (p.s.)					Approximate time spent hours per week	Approximate time spent week per year	Position held, honors won, or varsity letters earned	Plan to continue in college
	9	10	11	12	(p.s.)				

WORK EXPERIENCE

Please list any job (including summer employment you have held during the past three years.

Specific Nature of Work	Employer	Approximate Dates of employment	Approximate no. of hours spent per week

Share with us any information you would like the scholarship committee to consider (family situations, career goals, personal challenges, etc.):

STATEMENT OF APPLICANT (this must be signed)

I hereby certify that, to the best of my knowledge, the above information is complete and accurate. I authorize my secondary school to furnish academic and personal information requested herein. I will use all money I shall receive from the Special Educational Fund for the purpose of completing my education and for no other purposes whatsoever.

Signature of Applicant

Date