Oregon Pacific Bank

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Oregon Pacific Bank Scholarship Application

First Name:	Last Name:

Oregon Pacific Bank Scholarship

This scholarship was established in 1981 to encourage and recognize outstanding high school seniors in our communities. We award one scholarship for $2000 in each of the following geographic areas. Applicants must be in the current year graduating class in the following schools or geographic areas: Siuslaw/Mapleton, Douglas County, Coos County, Jackson County, Eugene/Springfield, Tigard/Tualatin.
Applicants do NOT need to be a client of Oregon Pacific Bank to apply.

Eligibility Requirements

1. Applicant must demonstrate intent to pursue either an academic or vocational career at an accredited college, university, or vocational institution.
2. Primary consideration in selecting the candidate will focus on leadership in community service or extra curricular activities while maintaining credible academic achievement.
3. **Applicant must:**
   1. Present information on their financial need by submitting pertinent information to the scholarship committee. ***(Note: We are aware that FAFSA processing is delayed this year. Please provide a statement of your financial resources and needs that is as accurate as possible.)***
   2. Provide a Grade Transcript from their current school.
   3. Provide TWO letters of recommendation written & signed by someone not related to the applicant.

One scholarship in the amount of $2,000 will be awarded to one student at each of the five communities listed above, and shall be paid directly to the student's college, university or vocational institution. It is the student's responsibility to provide the Oregon Pacific Bank Scholarship Committee (Attn: Deborah Kingry, P.O. Box 22000, Florence, Oregon 97439) with proof of enrollment in order for the scholarship to be paid. Failure to claim the scholarship within one school year will result in forfeiture.

Procedures

Applications are due to Oregon Pacific Bank by **5pm on the first Friday in April.** The OPB Scholarship Committee will act on the applications. Incomplete applications will not be considered.
Please complete the online application and **Submit**.
The award is to be announced and presented according to each school's method of presentation. The award will be accompanied by a letter of instruction detailing how the money will be disbursed for the benefit of the student.
Questions concerning this scholarship should be made to the Oregon Pacific Bank Scholarship Committee: (541) 997.7121

PERSONAL INFORMATION

	Cell #	**Home #**	**Email**
Contact Information			

Mailing Address (required)	Address Line 1 Address Line 2 City State ZIP Code
Please identify which geographical area your High School is located in to confirm eligibility (required)	

(required)	◯ I certify I am NOT immediate or extended family member of a current full-time or part-time Bank employee (which includes any dependent child—legally adopted, foster child or step child—including that of a domestic partner).

PARENT/GUARDIAN INFORMATION

	Name	Phone #	Email	Occupation
Mother				
Father				
Guardian (if any)				

Best Mailing Address to Contact Parents or Guardian (required)	Address Line 1 Address Line 2 City State ZIP Code

EDUCATION

	Name of High School	GPA
High School Information		

Address of High School (required)	Address Line 1 Address Line 2 City State ZIP Code

	Institution Name	Location
Colleges/Universities/Vocational Schools under consideration, listed by priority (required)		

Major Field of Study	Expected Degree	Career Goal(s)

	Place of Work	Duration	Type of Work
Are you currently working, or have you worked during high school? Please give us details on places of employment, duration, and type of work. (required)			

ESTIMATED ANNUAL COST of EDUCATION

	Estimated $ Amount
Tuition and Fees	
Room and Board	
Books and Supplies	
Transportation	
Anticipated Personal Expenses (clothing, laundry, recreation, etc.)	
Unusual or major expenses for which applicant is responsible	
Total estimated financial need per year of college	

		Details	Estimated $ Amount
Other Resources (required)	Scholarship(s)		
	Loan (s)		
	Savings		
	Family Financial Assistance		
	Work/Study		
	Employment		
	Other		

If family cannot assist financially, please explain:	

Siblings/others dependent on the family: (required)	Name	Relationship	Age

Please select one: (required)

- ◯ College would not be possible without scholarship assistance.
- ◯ College would be difficult without scholarship assistance.
- ◯ College is not dependent upon scholarship assistance.

ESSAY

Please provide a brief 4 paragraph maximum essay that shares information about you that is not evident in the rest of this application, including school experiences, community activities, honors to date, extracurricular activities, positions of responsibility, club, athletics, etc. (required)	
You MUST include your GRADE TRANSCRIPTS, TWO signed letters of RECOMMENDATION, and any additional documents you'd like to include with your application here. *(required)* *Grade Transcripts and two signed letters of recommendation are required.*	Please submit this information as an additional attachment.
ACKNOWLEDGEMENT	
All statements in this application are correct to the best of my knowledge. (required)	◯ Yes ◯ No
Applicant Signature (required)	**Applicant Name** _____ **Date of Application** _____