

INSTRUCTIONS

Lois E. Heins Trust

One - \$2,500.00 Award to a Graduating Male at PTHS
One - \$2,500.00 Award to a Graduating Female at PTHS

Bank of Pontiac-Trust Dept.
Pontiac, Illinois

Purpose: The Bank of Pontiac Trust Department administers this scholarship fund. The Bank Selection Committee solicits applications from a graduating male student and a graduating female student at Pontiac Township High School who will go on to further their studies in any curriculum.

1. Applications are to be distributed and returned through the Guidance Department. Applicants are asked to submit completed packets to the Guidance Office on or before **April 19, 2024**. Applicants may submit photocopies of transcripts, letters of recommendation, and similar applications, provided the copies are disclosing the information requested. However, each application must be certified and acknowledged with original signatures. Please include the following information:

A. Certified Transcript	C. Application
B. ACT Scores	D. Letter from Administrator or Teacher
2. Applicant selection will be based on:

-Character-financial need	-Recommendation of
-Scholastic achievement	Administrator or Teacher
-Success in field of study	-Community Involvement
-Career plans	
3. There are no restrictions on the applicant's selection of an institution for continuing education.

- College	- Vocational School
- Technical School	- Other advanced study
4. The applicant's program of study must be uninterrupted and continuous upon graduating from high school.
5. Limit of one scholarship per year for any one recipient.
6. The scholarship check will be issued to the student and institution of their choice.
7. The selection committee will be appointed annually by the Bank of Pontiac
8. The selection of the recipients will be announced during the High School Honors Night.

ATTACH THIS INSTRUCTION SHEET TO BACK OF APPLICATION

SCHOLARSHIP APPLICATION

1 Award of \$2,500.00 to a Graduating Male at PTHS
1 Award of \$2,500.00 to a Graduating Female at PTHS

Scholarship Name-**Lois E. HeinsTrust**

1. Applicant_____Date_____
- Address_____Phone_____
- City, State, Zip_____
- High School Name_____Graduation Year_____
- Place and date of birth_____

2. Please include the following items in application packet:
(Use back of application if more space needed)

A. Certified Transcript	D. Application
B. ACT Scores	E. Letter from Administrator
C. Class Rank (# out of #)	or Teacher
and GPA with school scale.	

3. List your participation in school activities, and offices held.

4. List your participation in community activities, and offices held.

5. Please state your career plans, including the major field of study and the institution you plan to attend. Any past employment or experiences may be included.

Institution _____ Field of Study _____

6. Are you applying for any other scholarships? YES or NO

If yes, please list below and indicate the amount. Mark those scholarships received.

<u>Received</u>	<u>Scholarship</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Name of Parent or Guardian _____

Address _____

Phone _____ Number of Brothers and Sisters _____

Number of brothers and sisters presently in college _____

Father's Employment _____

Mother's Employment _____

8. Parents' Adjusted Gross Income from 2023 Federal Income Tax Form \$ _____

Number of dependents on this income: _____

9. Have you or will you complete the Free Application for Federal Student Aid? YES / NO

If yes, please indicate your EFC from your Student Aid Report _____.

10. Identify the following continuing education costs for one year:

Tuition \$ _____, and Room and Board \$ _____

11. Indicate the amount of financial aid available from parents, guardian, or other organizations per year \$ _____. If the financial aid is not cash, please explain:

12. Do you have part-time or summer employment? YES or NO
If yes, please list your employer, position and earnings.

<u>Employer</u>	<u>Position</u>	<u>Earnings</u>
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13. List three personal references, non-family members, who would attest to your work habits and character.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
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14. Please attach a statement from a school administrator or a teacher recommending you for this scholarship based on achievement and need.
15. The scholarship check will be payable to the recipient and the institution.
16. I certify that I have completed this application and all statements are true and correct to the best of my knowledge.

Applicant's Signature

Applicant's Social Security

Parent or Guardian's Signature