



**Southside MIBOR
Scholarship Committee
P.O. Box 1380
Greenwood, IN 46142
www.SouthsideMIBOR.com**

Must
Attach Photo
2" x 3"
or smaller

Directions: This application must be completed in blue or black ink with photo attached. Only fully completed applications will be considered.

Are you related to a Southside MIBOR member? YES or NO
SSMIBOR member's name? _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	HIGH SCHOOL
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ADDRESS	E-MAIL
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CITY	STATE, ZIP	CELL PHONE #	HOME PHONE #
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NAME OF PARENTS / GUARDIANS:

WILL ANY OF YOUR SIBLINGS BE IN COLLEGE NEXT YEAR? YES OR NO
IF YES, PLEASE LIST WHO AND WHERE:

TO WHICH EDUCATIONAL INSTITUTION(S) HAVE YOU BEEN ACCEPTED?

WHAT IS YOUR AREA OF STUDY, DEGREE OR LICENSE SOUGHT?

WHAT FINANCIAL AID HAVE YOU RECEIVED FOR YOUR POST SECONDARY EDUCATION? NAME / TYPE OF AID	AMOUNT OF AID
_____	_____
_____	_____
_____	_____

WHAT IS YOUR GRADE POINT AVERAGE AFTER 7 SEMESTERS? _____

WHAT IS YOUR CLASS RANK? _____ OF _____

LIST ANY ACTIVITIES, INCLUDING ATHLETICS, IN WHICH YOU HAVE PARTICIPATED WHILE IN HIGH SCHOOL: ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED.

<u>ACTIVITY</u>	<u>YEARS</u>	<u>SPONSOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY COMMUNITY SERVICE ACTIVITIES & EXPERIENCE: ALSO EXPLAIN WHY YOU PARTICIPATED IN THESE COMMUNITY EVENTS AND WHAT KIND OF AN IMPACT YOU HOPE YOU MADE AND HOW COMMUNITY SERVICE WILL PLAY A ROLE IN YOUR FUTURE. ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED.

PLEASE LIST ANY OTHER REASONS WHY YOU MIGHT BE DESERVING OF THE SOUTHSIDE MIBOR SCHOLARSHIP:

SIGNATURE: _____ DATE: _____

It is understood and agreed that the information & photo provided in this application may be used by Southside MIBOR.
PARENT OR GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF APPLICATION
PARENT/GUARDIAN SIGNATURE: _____

PLEASE TYPE ON A SEPARATE SHEET OF PAPER YOUR RESPONSE TO THE FOLLOWING:
(PLEASE LIMIT YOUR COMMENTS TO ONE PAGE)

What are your abilities and future plans?
You may also include letter(s) of recommendation. (Relatives excluded)

COMPLETED APPLICATION FORM MUST BE POSTMARKED BY **APRIL 9th**

Mail to: SOUTHSIDE MIBOR SCHOLARSHIP COMMITTEE

P.O. Box 1380 Greenwood, IN 46142

Applications & information available online at: www.SouthsideMIBOR.com

Questions or Assistance please contact: Carolyn Clow, 317-859-5449, Carolyn.clow@hbc-in.com