



GEORGINE McDONALD TRUST SCHOLARSHIP APPLICATION

Applicant Name: _____ SS #: _____

Complete address: _____ Phone: _____

Date of Birth: _____ ACT/SAT Composite: _____ High School Class Rank: _____

High School GPA: _____

College to be attending: _____

(***Current year high school seniors must provide official transcript and proof of college enrollment)

College Major: _____ Minor: _____

Projected Annual College Cost: _____ Tuition: _____

Room/Board: _____

Books/Fees: _____

Professional Experience:

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Professional Memberships:

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Extracurricular activities, high school and/or college:

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Awards and achievements during high school or college:

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Reason you are pursuing this career:

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To the best of my knowledge, all the information on this page is accurate and correct.

Signature: _____ Date: _____

Please save all documents as Adobe .pdf files. EMAIL completed and signed application, transcript and enrollment proof by April 12, 2024 to Dave.Brandon@hickorypointbank.com. Questions, call 217-872-3915.