

Mifflinburg Bank & Trust Scholarship Program

The **Mifflinburg Bank & Trust Scholarship Program** awards one (1) recipient from each school a scholarship of up to \$1,000 per year (with a maximum of \$4,000 over 4 years) to a graduating senior attending a participating school. Participating schools include Mifflinburg Area High School, Selinsgrove Area High School, Lewisburg Area High School, and Milton Area High School.

Program Guidelines & Priorities:

- * Seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- * Applicants must have a minimum GPA of 2.8.
- * Plans to attend a 2 or 4 year accredited college as a full-time student for a **business related degree**.
- * Scholarship funds will be distributed in **December 2024 or January 2025 for the second semester directly to the college**. It will be the student's responsibility to submit to the bank a copy of their fall semester transcript, student ID number and college information on a yearly basis.
- * Applicants must have the endorsement of their Guidance Counselor on the application attesting that they are qualified for this scholarship program. The application is due to the bank by *April 22, 2024.* Late applications will not be accepted or considered.
- * A letter of recommendation and endorsement from a **community leader (not related to the school)** is required.

Mail one copy of a completed typed application package to: (This includes application with signoff by Guidance Department, essay, resume, community leader letter of recommendation and school transcript.)

HR Manager Mifflinburg Bank and Trust P.O. Box 186 Mifflinburg, PA 17844

The applications will be reviewed and a recipient selected by the scholarship committee of Mifflinburg Bank. The scholarship will be awarded in May 2024 at the high school awards ceremony.

Applications may be downloaded from the Mifflinburg Bank and Trust website at www.mbtc.com/scholarships

Please submit any questions to Lisa Erickson. lerickson@miffbank.com or 570-966-7423



Scholarship Application 2024

| Ple | Please type your answers. | | | | | | | | |
|-----|---|------------------|--|--|--|--|--|--|--|
| 1. | Last Name: | First Name: | | | | | | | |
| 2. | Mailing Address Street: City: State: | Zip: | | | | | | | |
| 3. | Cell Phone Number: () Email Address: | | | | | | | | |
| 4. | Date of Birth: Month Day Year | | | | | | | | |
| 5. | Cumulative Grade Point Average (GPA): Please attach your most recent school transcript. | (On a 4.0 scale) | | | | | | | |
| 6. | Are you the first person in your family to go to college: YES NO | | | | | | | | |
| 7. | Name and location of High School attending: | | | | | | | | |
| 8. | (If your resume or activities sheet answers question 8, please attach and skip to Question 9.) A. List any academic honors, awards and membership activities while in high school: | | | | | | | | |
| | B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: | | | | | | | | |
| | C. List your non-school sponsored volunteer activities in the community: | | | | | | | | |
| 9. | A. Major: | | | | | | | | |
| | B. What college will you be attending? If undecided, please list your top 3 college choices: | | | | | | | | |
| | | | | | | | | | |
| 10. | Is your parent or legal guardian an employee of Mifflinburg Bank and Trust? Yes No | | | | | | | | |
| | If "Yes" please complete item 11 below. If "No" go to item 12. | | | | | | | | |
| 11. | A. His/her full name: | | | | | | | | |
| | B. Location of Mifflinburg Bank Office: | C. Department: | | | | | | | |



| | 12. | | | | Name & address of parent(s) or legal guardian(s): 12. (Include address if different than your own listed in Question 2.) Name(s): | | | | | | |
|-----|---|--------------------------|-------------------|----------------|--|---|--|--|--|--|--|
| | | Street: City: | | State: | Zip: | | | | | | |
| Ĺ | | Phone number: | | | | | | | | | |
| 42 | 0.5 | a compress about place | | FOO words) and | avering the fellowing greations. | | | | | | |
| | | • | • . | · | swering the following questions: | | | | | | |
| | 1. What interests you most about your intended major and what do you hope to do with your degree after graduation? | | | | | | | | | | |
| 2 | 2. Describe how volunteer or community service has shaped who you are today and what community service has taught you. | | | | | | | | | | |
| | | | | | | | | | | | |
| | STATEMENT OF ACCURACY FOR STUDENTS | | | | | | | | | | |
| Ιa | I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also consent that, if chosen as a scholarship winner, my picture may be taken and used to promote the Mifflinburg Bank & Trust scholarship program. (Winner may waive photo due to unusual or compelling circumstances.) | | | | | | | | | | |
| inf | I hereby understand that, if chosen as a scholarship winner, it is my responsibility to remit to the bank the appropriate information for my scholarship to be paid directly to my educational institution for my <u>second semester</u> in December 2024/January 2025. | | | | | | | | | | |
| | I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship. | | | | | | | | | | |
| Sig | gnatı | ure of scholarship appl | icant: | | Date: | | | | | | |
| | | ST | ATEMENT OF SUPPOI | RT BY GUIDANC | CE COUNSELOR | | | | | | |
| | I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Mifflinburg Bank and Trust. | | | | | | | | | | |
| Na | ıme c | of Guidance Counselor: _ | | | | | | | | | |
| Hiç | gh So | chool: | | | | | | | | | |
| | | | | | | _ | | | | | |
| | Signature of Guidance Counselor: Date: | | | | | | | | | | |



STATEMENT OF SUPPORT BY A COMMUNITY LEADER

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Mifflinburg Bank and Trust.

| Name of Community Leader: | | | | | |
|---|-------|--|--|--|--|
| Community Position: | | | | | |
| Contact information (email and phone): | | | | | |
| Signature of Community Leader: | Date: | | | | |
| Checklist for submission: | | | | | |
| Application | | | | | |
| Essay | | | | | |
| Resume/Activity Sheet | | | | | |
| Guidance Counselor signature | | | | | |
| School Transcript | | | | | |
| Community Leader Signature and Letter of Recommendation | | | | | |

MAIL COMPLETE APPLICATION PACKAGE TO:

HR Manager Mifflinburg Bank and Trust Company P.O. Box 186 Mifflinburg, PA 17844

REMINDER:

The deadline for this application to be received by the bank is: **April 22, 2024.**