

MISSOURI INDEPENDENT BANKERS ASSOCIATION
2017 SCHOLARSHIP APPLICATION
Exclusively For MIBA Member Bank Employees Or Their Dependents

MIBA Member Bank Name: _____

Bank CEO: _____

Mailing Address: _____

Phone: _____

Fax: _____



Scholarship Applicant's Name and Address: _____

Applicant is (check one):

a) **Bank Employee** **Position** _____

OR

b) **Bank Employee Dependent** **Age** _____

Scholarship Use: **College** **Trade or Banking School**
 Masters **Doctorate**

Where will scholarship applicant be attending school? _____

Brief description of educational goal: _____

Authorized Member Bank CEO _____

Signature

SCHOLARSHIP CRITERIA

- (1) Each member bank CEO may submit one application per charter.*
- (2) Member bank CEO, at his/her discretion, selects applicant based on needs of employee/dependent.*
- (3) Sixteen \$500 scholarships, four in each of the four MIBA membership regions will be awarded.*
- (4) Applicants will be drawn by a lottery system at May 2017 Directors & Officers Workshop.*

Note: *Scholarship check will be sent directly to bank CEO for presentation to employee/dependent.*

By April 21, 2017 mail, fax or email completed application to:

Missouri Independent Bankers Association PO Box 1765 Jefferson City, MO 65102
mlawson@miba.net Fax 573.636.2753 Phone 573.636.2751