MISSOURI INDEPENDENT BANKERS ASSOCIATION 2018 SCHOLARSHIP APPLICATION

Exclusively For MIBA Member Bank Employees Or Their Dependents

MIBA Men	mber Bank Nan	ne:		
Bank CEO):			
Mailing				
Address:				
Phone:				
Fax:			<u></u>	
Scholarshi	p Applicant's N	ame and Address	S:	
Appl	licant is (check o	one):		
a)	☐ Bank Emplo	yee Position _		
b)	OR □ Bank Employee Dependent Age			
b) Bank Employee Dependent Age				
Scholarship Use:		□ College□ Masters	□ Trade or Banking School□ Doctorate	
Where will scholarship applicant be attending school?				
Brief description of educational goal:				
Authorized	d Member Bank	c CEO		
SCHOLARSHI	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 2018 Directors & Officers Workshop.				
<u>Note</u> : Scholarship check will be sent directly to bank CEO for presentation to employee/dependent.				
By April 20, 2018 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