CHARLES & HAZEL CLINE MEMORIAL SCHOLARSHIP 2017-2018

TO BE CONSIDERED FOR THIS SCHOLARSHIP, YOU MUST HAVE A GPA OF 3.0 OR LESS, *AND* SCHOOL MUST BE IN THE STATE OF OREGON. APPLICIATIONS MUST BE FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS MUST BE INCLUDED. <u>APPLICATIONS THAT ARE INCOMPLETE OR MISSING DOCUMENTS WILL BE DISQUALIFIED</u>. <u>APPLICATIONS ARE DUE BY MAY 31st</u>.

Please type or Print clearly.

	Check one:		Applicant	Renewal	Applicant			
	NT INFORMATIO	N		D (D)				
Name:	First	Last	Middle Initial	Date of Birth:	: Mo/Da/Yr			
Address:								
	Street		City, State, Zip					
Marital Status	s: Savings: \$		Checking: \$					
Student's Emp	ployer:		Hrs. per we	ek: Annual	Income: \$			
Are you an en	nployee or relative of KeyBan	National Association of	or any of its affiliates?	\square No \square Yes				
If yes: Name	of employee:		Relationsh	iip:				
Have you red	ceived an award from this f	und in the past?			□ No □ Yes,			
Month/Year	(s):		Amount(s): \$					
, ,	(-)-							
COLLEC	GE INFORMATIO	N						
Check one:	☐ I will begin next Fall. (MUST BE FULL TIME) STUDENT ID #:							
	\square I am currently enrolled a	and will be a		(sophomore, junior, senior) in the Fall.				
College/Unive	ersity:		_ City, State:		College GPA			
Annual Tuitior	n: \$	Annual Room & Boa	ard or Rent: \$					
Do you currer	ntly have a college degree?	□ NO	Yes					
Graduation Da	Graduation Date: College:			Major:				
FAMILY	INFORMATION							
	Guardian Name:		Mother/Legal G	Guardian Name:				
Occupation:_	Position	Firm	Occupation:	Position	Firm			
Father/Legal (Guardian Income: \$		Mother/Legal	Guardian Income: \$				
Additional fam	nily income/Child Support, etc	\$	Total Far	mily Income: \$				
Status of Pare	ents: Married Divorced	Single ☐ Separated ☐		eceased eceased				

Applicant's brothers and siste	rs including age. State if li	ving at home or att	ending college.			
1		3				
2		4				
OTHER FINANCI	AL AID					
**List below all financial aid						
other financial aid received. F amount they are awarding y	-	in termination of yo	our award. <mark>You M</mark>	UST complete the	FAFSA and provi	de us with the
Name of Award/Grant/Loan/O	ther Financial Support		<u> </u>	<u>Amount</u>		
			_			_
			_			
			_			
**Describe and give dates for	any full or part-time job you	u have had in the la	ast two years:			
**List extra-curricular or outsic	le activities you have partic	cipated in during the	e last two years o	of high school. No	t applicable if atte	nding College.
**If you do not receive financia	al assistance from this scho	olarship fund, what	effect will it have	on your education	and what alternativ	e plans do you have?
**Please explain briefly anythi	ng unusual about your fina	ncial situation or of	ther circumstance	es that you feel sho	uld be known by the	e selection committee:
If presently attending						
or have ever attende	ed college attach y	our college t	ranscript. Ti	ranscripts DC	NOT need to	be official.
I certify that all information give	ren in this application is true	e to the best of my	knowledge.			
Fother/Cuerdies Circetons	Data		Moth = "/O	ion Cianot	Dete	_
Father/Guardian Signature	Date		Mother/Guard	ian Signature	Date	
Student Signature	Data					
Student Signature	Date					

**You may provide any additional information if you wish (special circumstances, additional awards, etc.) on an 8 $\frac{1}{2}$ x 11 piece of paper. (Maximum of one additional page.) **

CHARLES AND HAZEL CLINE MEMORIAL SCHOLARSHIP 2017-2018 APPLICATION SUMMARY

PRINT CLEARLY OR TYPE

Applicant Name:
Applicant Phone:
Applicant Email:
High School Name:
Graduation Date & Year:
High School Accumulative GPA:
College Name:
Student ID #:
College GPA:

Mail completed applications and documents to: Key Private Bank

Patti Thompson

OH-01-10-0932 CLINE

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