



2024 Annual Scholarship Application

Please complete the following information requested and submit with your one-page essay to the Farmers National Bank in your respective school district.

Student's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email: _____

Name of Parent(s) or Guardian(s): _____

High School Name: _____

GPA as of most recent semester: _____

College/University/Trade School attending Fall 2024:

Career Interests: _____

The information on this application is true and correct to the best of my knowledge. I understand that this information and all supporting documents will be held in confidence by Farmers National Bank. I further understand that all scholarships are awarded at the discretion of FNB and that all decisions are final.

Student Signature: _____ Date: _____