

California Bankers Association SCHOLARSHIP APPLICATION



| APPLICANT INFORMATION | | | |
|--|--------|--------|------------|
| First: | Last: | Mi: | Bank Name: |
| Title: | Email: | | Phone: () |
| Workplace Address: | | | |
| City: | | State: | Zip: |
| <input type="checkbox"/> Yes, I am a full time employee of the bank—at least 30 hours a week. Applicants must be an employee of a bank located in California that is a member of California Bankers Association. See www.calbankers.com/scholarship for rules and summary plan description. | | | |
| For verification of employment, state name and contact information of your HR officer: | | | |
| HR Officer Name: | | Email: | Phone: () |

COMPLETE A, B, C, D, OR E BELOW:

| A. BANKING SCHOOL | | | |
|--|--|---|---|
| School Year Applying For: | <input type="checkbox"/> Management Letter of Recommendation is Attached | | <input type="checkbox"/> Personal Statement is Attached (See Rules) |
| I Am Applying For: <input type="checkbox"/> Pacific Coast Banking School <input type="checkbox"/> Stonier Graduate School of Banking <input type="checkbox"/> Graduate School of Banking, University of Wisconsin <input type="checkbox"/> Graduate School of Banking at Colorado | | | |
| <input type="checkbox"/> I have submitted an application with PCBS, Stonier, GSB, UW or GSBC and provided a copy to CBA. If scholarship is approved, CBA will pay tuition to the school directly. <input type="checkbox"/> I understand that if my application is approved, my eligibility will be confirmed each year based on my continued enrollment and full-time employment with a member of California Bankers Association. | | | |
| Stonier Applicants Only: Check box if applying for the accelerated 2-year course <input type="checkbox"/> | | | |
| B. SPECIALTY SCHOOL | | | |
| <input type="checkbox"/> I am applying for a Graduate School of Banking, University of Wisconsin Specialty School | | | |
| School Name: | | | |
| C. EDUCATIONAL INSTITUTION COURSE | | | |
| Name of Educational Institution: | | | |
| Campus Address: | City: | State: | Zip: |
| Title and Course Number/Code: | | Online Course? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I am a prior recipient of a CBA college course scholarship: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, you must submit evidence of successful completion of the prior course. | | | |
| Attach any information necessary for CBA to match and pay the course tuition directly to the school. See Scholarship Rules. | | | |
| D. PROFESSIONAL CERTIFICATION | | | |
| Certification Applying For: <input type="checkbox"/> CERP <input type="checkbox"/> CRCM <input type="checkbox"/> CTFA <input type="checkbox"/> CAMS OTHER (See Rules For Details) | | | Anticipated Course Start Date: |
| <input type="checkbox"/> I have submitted an application with ICB/ACAMS. If the scholarship is approved, CBA will pay the appropriate fee directly to the provider. | | | |
| E. NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LENDERS (NAGGL) | | | |
| SBA Training Course Or Program Applying For: | | | Date(s): |
| Please include a copy of your completed NAGGL registration form. | | | |
| SIGNATURE | | | |
| By my signature below, I confirm receipt of/access to the CBA Scholarship Rules and Summary Plan Description. | | | |
| Signature of Applicant: | | | Date: |
| CBA USE | | | |
| Date/Time Received: | <input type="checkbox"/> Eligibility Criteria Confirmed as of: | | |
| Amount of Grant: | <input type="checkbox"/> Scholarship is Denied (Note Reason in Master Spreadsheet) | | |

Send completed application by mail to: CBA, 1303 J Street, Suite 600, Sacramento, CA 95814 | ATTN: Scholarship.
Or, email completed application to cbascholarship@calbankers.com.