



# CBAI FOUNDATION FOR COMMUNITY BANKING 2025 ANNUAL SCHOLARSHIP PROGRAM OFFICIAL STUDENT APPLICATION

**DEADLINE FOR SUBMISSION:**  
**Friday, February 21, 2025 at 3 pm**

**2024-2025  
Board of Directors**

**Chairman**  
 Amy Thiede  
 Prairie Community Bank, Marengo

**Vice Chairman**  
 Katie Ashworth  
 CNB Bank & Trust, N.A., Carlinville

**Secretary/Treasurer**  
 Travis Clem  
 SouthernTrust Bank, Marion

**Director**  
 Kevin Day  
 State Bank, Waterloo

**Director**  
 Jim Weast  
 Warren-Boynnton State Bank,  
 New Berlin

**Director**  
 Steve Will  
 Dieterich Bank, Effingham

**Director**  
 Delaina Zellers  
 German-American State Bank,  
 German Valley

**President**  
 Kraig Lounsberry  
 CBAI, Springfield

**Administrator**  
 Valerie Johnston  
 CBAI, Springfield

901 Community Drive  
 Springfield, IL 62703-5184  
 217/529-2265  
 800/736-2224  
 FAX 217/585-8738  
 www.cbai.com

FOUNDATION USE ONLY

Manuscript # \_\_\_\_\_

Group # \_\_\_\_\_

Date Received \_\_\_\_\_

**Questions? E-mail:**  
[cortnib@cbai.com](mailto:cortnib@cbai.com)

Please complete the information requested below and affix this application to **TWO** copies of your essay. Return the application and copies of your essay to your high school counselor or English teacher (if applicable), or your local sponsoring community bank.

**DO NOT INCLUDE YOUR NAME ON EITHER COPY OF YOUR ESSAY!**

\*\*\*\*\*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Sponsoring Bank Legence Bank

Sponsoring Bank Contact/Title Jessica Grinnell/Director of Community Relations

Bank Address 1200 US Highway 45

City / State / Zip Eldorado, IL 62930

Phone 618-499-5963 E-mail jgrinnell@legencebank.com

**Note: You may not submit through more than one bank, or you will be disqualified.**

**IF APPLICABLE:**

School Name \_\_\_\_\_

School Contact/Title \_\_\_\_\_

School Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_



# CBAI FOUNDATION FOR COMMUNITY BANKING 2025 ANNUAL SCHOLARSHIP PROGRAM

## BACKGROUND INFORMATION

### *Personal Data*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

***Please attach an essay as required by the scholarship instructions.***

GPA as of most recent semester: \_\_\_\_\_

### ***Special Awards & Other School Activities***

Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Community Service***

Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Planned Educational Pursuits***

Name of school: \_\_\_\_\_

Career Interest: \_\_\_\_\_

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 the strictest confidence by the CBAI Foundation for Community Banking. I further understand that all scholarships are awarded at the discretion of the aforementioned Foundation and that all decisions are final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2024-2025

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