



MINBANC FOUNDATION, INC.

SCHOLARSHIP CRITERIA

1. APPLICANT MUST BE AN EMPLOYEE OF A MINORITY OR WOMEN OWNED BANK

2. EMPLOYEE MUST BE AT THE OFFICER OR MANAGEMENT LEVEL TO QUALIFY

3. SCHOLARSHIPS ARE OFFERED AS TUITION REIMBURSEMENT ONLY. ALL SCHOLARSHIP AWARDS WILL BE MADE DIRECTLY TO THE BANK. TRAVEL EXPENSES (HOTEL, MEALS, ETC) WILL NOT BE CONSIDERED.

4. SCHOLARSHIPS ARE ACCEPTED ON A ROLLING BASIS BUT MUST BE SUBMITTED WITHIN 90 DAYS OF COMPLETING THE COURSE.

5. COURSE WORK MUST BE RELEVANT TO THE MANAGEMENT OF A FINANCIAL INSTITUTION OR ADDRESS CURRENT BANKING-INDUSTRY RELATED ISSUES. GENERAL MANAGEMENT COURSES OR COURSES RELATING TO A COLLEGE OR UNIVERSITY DEGREE DO NOT QUALIFY.

6. A MAXIMUM OF \$3,000 PER BANK, PER CALENDAR YEAR WILL BE AWARDED FOR COURSE WORK THROUGH:

- AMERICAN BANKERS ASSOCIATION
- RISK MANAGEMENT ASSOCIATION
- AMERICAN INSTITUTE OF BANKING
- BANK ADMINISTRATION INSTITUTE
- INDEPENDENT COMMUNITY BANKERS OF AMERICA
- STATE BANKERS ASSOCIATIONS

Learn about Minbanc's history and mission. Please visit us at www.minbanc.org

MINBANC SCHOLARSHIP APPLICATION

THE MINBANC FOUNDATION PROVIDES PROFESSIONAL-EDUCATION SCHOLARSHIPS TO THE EMPLOYEES OF MINORITY AND WOMEN OWNED BANKS TO ADVANCE THEIR FINANCIAL SERVICES EXPERTISE. GET THE TRAINING YOU NEED AND KEEP YOUR BANK COMPETITIVE!

TO APPLY FOR A SCHOLARSHIP, FILL THIS FORM OUT IN ITS ENTIRETY AND INCLUDE COPIES OF THE COURSE REGISTRATION AND PAYMENT THAT YOU SUBMITTED TO THE ORGANIZATION OFFERING THE TRAINING.

Employee Name:		Title:
Bank:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Name and Location of Seminar, Course, School:		
Dates Attended:		
Course Fee:		
<i>I certify that I attended the course described above and that I meet all the criteria described on this application.</i>		
X		
<i>Signature of Bank Employee and</i>		

I hereby recommend this employee for consideration for a Minbanc scholarship. I certify the accuracy of the information contained in this application.

X

Signature of Bank President/CEO and date

MAIL YOUR SIGNED APPLICATION AND SUPPORTING MATERIALS TO:

*EVONNE HOLLIDAY
 NATIONAL BANKERS ASSOCIATION
 1513 P STREET NW
 WASHINGTON, DC 20005*