

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 the 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"/> Graduate School of Banking, University of Wisconsin	<input type="checkbox"/> Stonier Graduate School of Banking <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.			
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 <small>(See Rules For Details)</small>		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.