



THE FIRST RELIANCE BANK SCHOLARSHIP APPLICATION

1. Complete the following information:

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Social Security No. _____

Student I.D. _____

Email _____

SAT Score _____

GPA (Unweighted) _____

College Major Business Finance

Eligibility (check one)

Dependent of a First Reliance Associate whose name is: _____

First Reliance Bank Customer

Dependent of a First Reliance Customer whose name is: _____

Graduate of Florence Christian School _____

2. Return this application to First Reliance Bank

Deadline: February 29th

Return To: Customer Experience Team

First Reliance Bank

2170 W. Palmetto St.

Florence, SC 29501

I certify the information I have provided is true and correct. I give First Reliance Bank and Francis Marion University permission to confirm information given in this application with the appropriate parties.

Scholarship Applicant's Signature

Date