STUDENT ADVISORY BOARD

$500 Student Scholarship

All Capital Bank

918 479 5225

210 E Main St, Locust Grove, OK 74352

www.allcapital.bank

STUDENT ADVISORY BOARD

Mission

The Student Advisory Board provides local high school students with the opportunity to develop leadership skills while gaining a deeper understanding of banking, financial literacy, and community service. Student Advisory Board members will share valuable insight into the financial needs, interests, and perspectives of their peers, helping All Capital Bank better understand and serve the next generation. Throughout the school year, members will participate in monthly meetings, engage in community outreach initiatives, and serve as ambassadors for financial literacy within their schools and communities.

Applicant Selection Criteria

What to Expect

- Program runs from October through April.
- Meets once each month at noon in Pryor or Locust Grove.
- Lunch is provided at each meeting.
- Students who successfully complete all program requirements will receive a $500 scholarship.

How to Apply

Compile Application Packet:

- Complete all forms + free-response questions
- Collect references

Submit Completed Packet:
Email all components of the packet to HDeitrick@allcapital.bank

Application Deadline:
All components must be received via email by September 30, 2026.

All Capital Bank

STUDENT ADVISORY BOARD SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____

Contact Number: _____ Email Address: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Contact Number: _____ Email Address: _____

EDUCATIONAL BACKGROUND

High School: _____ GPA: _____

Expected Graduation Year _____

ACADEMIC ACHIEVEMENTS & AWARDS

Award/Honor: _____ Year: _____

Award/Honor: _____ Year: _____

CLUBS, SPORTS, ORGANIZATIONS, LEADERSHIP, &/OR VOLUNTEER ACTIVITIES

Name: _____ Description: _____ Year: _____

Name: _____ Description: _____ Year: _____

Name: _____ Description: _____ Year: _____

Name: _____ Description: _____ Year: _____

QUESTIONS (ATTACH ANSWERS TO APPLICATION):

Why are you interested in serving on the All Capital Bank Student Advisory Board?

What qualities would make you a valuable member of the board?

What financial topics do you think are most important for students your age?

How does a local bank positively impact its community?

REFERENCES:

Please submit three reference letters—one from each of the following:

1. Teacher or Counselor
2. Community Member
3. Fellow Student

□ I certify that all information provided is true and correct. Any misrepresentation will be grounds for withdrawal of the scholarship.

Student Signature: _____

PARENT/GUARDIAN PERMISSION & MEDIA RELEASE

Student Name: _____
First Middle Last

PARENT/GUARDIAN

Name: _____

Contact Number: _____

Email Address: _____

ADDITIONAL EMERGENCY CONTACT

Name: _____

Contact Number: _____

Email Address: _____

PARENT/GUARDIAN PERMISSION

□ I give permission for my student to participate in the All Capital Bank Student Advisory Board during the current program year. I understand that participation includes:

- Monthly meetings held from October through April
- Leadership development activities
- Financial literacy education
- Community outreach opportunities
- Collaboration with All Capital Bank staff and fellow Student Advisory Board members

□ I understand that my student is expected to attend meetings regularly, actively participate in program activities, and represent All Capital Bank in a respectful and professional manner.

□ I acknowledge that successful completion of all program requirements is necessary to receive the advertised scholarship.

TRANSPORTATION

I understand that transportation to and from Student Advisory Board meetings and activities is the responsibility of the parent/guardian unless otherwise communicated by All Capital Bank.

Initial: _____

MEDIA RELEASE

I grant permission to All Capital Bank and its representatives to photograph, videotape, or otherwise record my student while participating in Student Advisory Board meetings, activities, and events.
I understand these images, videos, and recordings may be used for educational, promotional, and marketing purposes, including but not limited to:

- Social media platforms
- The All Capital Bank website
- Printed publications and brochures
- News releases
- Presentations
- Advertising and promotional materials

I understand that no compensation will be provided for the use of these photographs, videos, or recordings.
I release and hold harmless All Capital Bank, its employees, officers, and representatives from any claims related to the use of these materials for lawful promotional purposes.

MEDIA PERMISSION

Please select one:
□ YES, I grant permission for my student's image, voice, and likeness to be used by All Capital Bank as described above.

□ NO, I do not grant permission for my student's image, voice, or likeness to be used.

STUDENT CODE OF CONDUCT

Student Advisory Board members are expected to demonstrate integrity, respect, responsibility, and professionalism during all meetings and activities. Failure to meet these expectations may result in dismissal from the program and forfeiture of the scholarship.

□ I have read and understand this Parent Permission and Media Release Form.

Parent/Guardian Signature: _____

Date: _____

□ I have read and understand the Student Advisory Board Code of Conduct.

Student Signature: _____

Date: _____