

FOR APPLICANT

NAME: _____

BANK: _____

YEAR: FIRST YEAR SECOND YEAR
 THIRD YEAR



**Southern Trust School
2009 Admission Application**

FOR STS USE ONLY

RECEIVED _____
CHECK NO. _____
AMOUNT _____
ACCEPTED _____

2009 Southern Trust School Session: June 7-12, 2009

PLEASE TYPE OR PRINT IN BLACK INK

HAVE YOU PREVIOUSLY ATTENDED STS: YES NO IF YES, LIST YEARS: _____

NAME DESIRED ON DIPLOMA _____

NAME DESIRED ON ID BADGE _____

TITLE: _____

BANK/COMPANY: _____

MAILING ADDRESS: _____
P.O. BOX CITY STATE ZIP CODE

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP CODE

OFFICE TELEPHONE: _____ **OFFICE FAX:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO.:** _____

HOME ADDRESS: _____ **EMAIL ADDRESS:** _____

ALTERNATE EMAIL: _____

HOME PHONE: _____ **EMERGENCY PHONE:** _____

PHYSICALLY DISABLED? YES* NO **EMERGENCY CONTACT:** _____

***PROVIDE EXPLANATION OR ATTACH LETTER:** _____

**IN COMPLIANCE WITH ADA, THE SOUTHERN TRUST SCHOOL WILL MAKE ALL REASONABLE EFFORTS TO ACCOMMODATE REQUESTS.*

GENDER: MALE FEMALE **SMOKER:** YES NO

I WOULD LIKE TO SHARE ACCOMMODATIONS WITH (MUST BE MEMBER OF SAME CLASS AND SEX – TWO (2) STUDENTS PER SUITE):

CURRENT TRUST POSITION (PLEASE CHECK ONE):

- GENERAL OPERATIONS AUDITING REAL ESTATE/NATURAL RESOURCES TAX
- PERSONAL TRUST CORPORATE TRUST INVESTMENTS EMPLOYEE BENEFITS SALES/BUSINESS DEVELOPMENT
- OTHER (DESCRIBE): _____

OTHER BANKING EXPERIENCE: _____

FORMAL EDUCATION (PLEASE CHECK ONE):

- HIGH SCHOOL GRADUATE HAVE ATTENDED COLLEGE JUNIOR COLLEGE GRADUATE
- COLLEGE DEGREE GRADUATE DEGREE LAW DEGREE

IF YOU ARE AN ATTORNEY DESIRING CLE CREDIT, PLEASE LIST YOUR STATE AND BAR NUMBER: _____

OTHER:

PLEASE INDICATE ANY PROFESSIONAL DESIGNATION, INCLUDING STATE AND NUMBER: _____

(CONTINUED ON REVERSE)

Terms and Conditions

1. The tuition for the 2009 session of the Southern Trust School is **\$1,350 for co-sponsoring state bankers association members** and **\$1,650 for applicants from other eligible entities**.
2. Any applicant who is not admitted to the School or withdraws prior to **May 15** will receive a full refund of all tuition paid. Applicants withdrawing after May 15, but before June 1, will forfeit half of the tuition. **Any and all cancellations or withdrawals after June 1, as well as no-shows, will forfeit the full tuition amount.** Student substitutions (by the same bank or company) must be approved and will result in an administrative fee charge of \$50.00. See below for Method of Payment options.
3. In completing this Application to the Southern Trust School, I acknowledge that I must attend all scheduled classes and school-sponsored activities during the School session, prepare all assigned work in connection with the session, and abide by all of the rules and regulations of the School. Failure to do so will result in loss of credit and/or dismissal from the School, and a notice will be sent to the trust department manager or chief executive officer of my sponsoring bank or company. I understand that my grades may be made available to senior management upon written request.
4. Additionally, I understand that room accommodations will be provided by the School, and tuition covers room, board, and study materials. Evening meals are provided by corporate sponsors on Sunday and Tuesday of the School session.
5. My application may be withdrawn without penalty prior to May 15 of the School session I will attend, and cancellation after that date will result in forfeiture of fees according to School policy as described above.
6. Admissions policies of the Southern Trust School assure **equal opportunity for all qualified persons without regard to race, religion, sex, national origin, color, age, or handicap.**

SIGNATURE OF APPLICANT

DATE: _____

Applicant Recommendation*

I RECOMMEND THIS APPLICANT FOR ADMISSION TO THE 2009 SESSION OF THE SOUTHERN TRUST SCHOOL AND AFFIRM THAT HE OR SHE MEETS THE ADMISSION REQUIREMENTS AS NOTED IN THE SOUTHERN TRUST SCHOOL CATALOGUE. I RECOGNIZE THAT THREE (3) HOME STUDY PROBLEMS ARE REQUIRED BETWEEN SESSIONS AND WILL ALLOW THE APPLICANT SUFFICIENT TIME TO COMPLETE EACH PROBLEM.

NAME AND TITLE OF APPLICANT'S SUPERVISOR (PLEASE PRINT)

SIGNATURE OF APPLICANT'S SUPERVISOR

DATE

SUPERVISOR'S TELEPHONE NUMBER

*** APPLICATION MUST BE SIGNED BY SUPERVISOR AND APPLICANT.**

Method of Payment

METHOD OF PAYMENT: CHECK CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA

SEND INVOICE

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

AUTHORIZED SIGNATURE: _____

Southern Trust School
c/o Alabama Bankers Association
534 Adams Avenue
Montgomery, AL 36104