

SOUTH CAROLINA BANKERS SCHOOL 2023 APPLICATION

July 9-14, 2022 | DEADLINE TO REGISTER: Monday, May 1, 2023

FULL NAME _____ BADGE NICKNAME _____
BANK NAME _____ TITLE _____
BANK'S ADDRESS _____ CITY _____ STATE _____ ZIP _____
BUSINESS PHONE _____ BUSINESS EMAIL _____
CELL PHONE _____ HOME EMAIL _____
YEARS IN BANKING _____ AGE _____ GENDER: FEMALE MALE **YEAR ATTENDING IN 2023:** 1st 2nd 3rd

BANK DATA (CHECK ONE)

FOUR OPTIONS TO CHOOSE FROM—PLEASE SELECT ONE:

- COMMERCIAL LENDER/UNDERWRITER (PRIMARYLY) CONSUMER LENDER WITH 3+ YEARS' EXPERIENCE
 NON-LENDER/NON-CREDIT FUNCTION CONSUMER LENDER WITH <3 YEARS' EXPERIENCE

SIZE OF BANK (ASSETS)

- UNDER \$50 MILLION \$101 - 500 MILLION \$1 - 5 BILLION OTHER
 \$50 - 100 MILLION \$501 MILLION - \$1 BILLION MORE THAN \$5 BILLION

PRIMARY AREA OF RESPONSIBILITY? (SELECT ONE)

- ACCOUNTING COMPLIANCE INVESTMENT SECURITY
 AUDITING CONSUMER LENDING MARKETING/PR OTHER (PLEASE SPECIFY) _____
 BRANCH BANKING CREDIT ANALYSIS OPERATIONS
 COMMERCIAL LENDING INFORMATION TECHNOLOGY PERSONNEL/HR

TOTAL YEARS IN FIELD

- UP TO 2 YEARS 3 - 5 YEARS 6 - 10 YEARS MORE THAN 10 YEARS

SCHOOL NAME _____ YEAR GRADUATED _____ HIGHEST LEVEL OF EDUCATION:

- HIGH SCHOOL/GED ASSOCIATE DEGREE PROFESSIONAL DEGREE
 SOME COLLEGE CREDIT, NO DEGREE BACHELOR'S DEGREE DOCTORATE DEGREE
 TRADE/TECHNICAL/VOCATIONAL TRAINING MASTER'S DEGREE

ROOMMATE REQUEST (We try our best to honor roommate requests but cannot guarantee.)

NAME _____ YEAR _____ BANK & CITY _____

PLEASE LIST ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS _____

PLEASE LIST ANY SPECIAL NEEDS OR ACCOMODATIONS _____

AGREEMENT

In applying for this school, I agree to live in assigned quarters, to attend all scheduled classes and work periods during the session, to prepare all assigned work, and otherwise to abide by the established standards of the School. I understand that the unexcused absence from any one School function will result in my dismissal from the School. I further agree to the regular reporting of my graded performance to my employer's Chief Executive Officer or other supervisory officer. **INITIALS:** _____

APPROVAL SIGNATURE

of your bank's Senior Management Officer

NAME _____

***First-Year Students Only**

TITLE _____

PAYMENT MEMBER FEE Double Occupancy (\$1,600.00) Single Occupancy (\$1,750.00)

NON-MEMBER FEE Double Occupancy (\$2,300.00) Single Occupancy (\$2,500.00)

CHECK—PLEASE MAKE PAYABLE TO SCBA VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD # _____ EXP. DATE _____ V-CODE (LAST 3 DIGITS) _____

SIGNATURE _____ DATE _____ BILLING ZIP CODE _____

All students must submit the Application form along with payment by **May 1, 2023**. In the event an applicant is not accepted, fees will be refunded. In the event of a cancellation, the tuition fee will be refunded if the SCBS office is notified prior to June 1. After June 1, one-half of the tuition fee will be refunded. No refunds will be made after June 30 and in the event of a withdrawal after the School Session has begun.

HOW TO REGISTER

MAIL TO:

SCBA
P.O. Box 1483
Columbia, SC 29202-1483

FAX TO:

SCBA
803.779.0890

INTERNET:

www.scbankers.org



South Carolina
Bankers Association

803.779.0850 | www.scbankers.org