



Scholarship Application

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Parent/Guardian Name(s): _____

Permanent Address: _____

Phone Numbers: _____

Email Address: _____

Credit Union PRIMARY Account Number: _____

SCHOOL INFORMATION

High School currently attending:

Name: _____

College for the Fall Semester:

Name: _____

Address: _____

Student ID #: _____

Your enrollment status for the Fall Semester (please check one): Full-time Part-time

Your year for the Fall Semester: Freshman Sophomore Junior Other

I attest that all information is complete and accurate.

Applicant Signature

Date

COMMITTEE USE ONLY

Application reviewed for eligibility requirements by: _____

Date received: _____