



MONTGOMERY COUNTY CHAPTER OF CREDIT UNIONS SCHOLARSHIP APPLICATION

All applicants must complete steps 1-5.
Complete and submit this application
(including certification that applicant is eligible).

1. Include at least one recommendation from your teacher or counselor.
2. Submit a copy of your academic transcript.
3. Complete and submit your essay on "With respect to your future education, how do you think you can promote your Credit Union in your community?"
4. Include a copy of 2-year or 4-year accredited college or university acceptance letter.
5. Sign the certification and mail or submit in person.

Applicant Information:

First _____ Middle _____ Last Name _____

Permanent Mailing Address:

_____ Apt# _____

City _____ State _____ Zip _____

Home Phone Number (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Applicant is a member of _____ Credit Union

Address of Participating Credit Union _____

In the fall of 2024, applicant is accepted at and will attend

_____ State _____

Full college or university name

My current grade point average is _____.

My cumulative grade point average is _____.

ACTIVITIES

List activities in which you have participated and or volunteered during the last three-five years (school clubs, student government, publications, theater arts, scouting, 4-H, varsity or club sports, etc.). Indicate the number of years involved in each activity. Please do not use acronyms.

Activity Description	Years Involved	Position Held

COMMUNITY SERVICE

List community agencies or organizations in which you have participated/ volunteered during the last three-five years (outreach programs, cultural activities, hospital volunteer, town watch participation, religious groups, etc.). Indicate the total amount of hours and number of years involved in each agency or organization. Please do not use acronyms.

Volunteer Agency	Hours	Activity

WORK EXPERIENCE

List any work experience (baby sitting, lawn mowing, office work, etc.). Indicate the number of years on each job and approximate number of hours worked each week.

Employer	Position	Dates From-To	Hours Per Week

I hereby certify all information contained in this application is true and correct to the best of my knowledge. I also certify that I have submitted all required information making me eligible for this scholarship award on or before the deadline for submission.

Dated _____

Signature/ Certification _____

Signed/Certified _____