



## SCHOLARSHIP APPLICATION

**The \$500.00 scholarships are selected from applications submitted for review to the board of directors of Tri-County Credit Union. Applicants or the applicant's parents must be members of Tri-County Credit Union.**

Last Name, First Name, Middle Initial	Social Security Number (last 4 digits only)	Date
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School Street Address	City, State, Zip	School E-mail Address	School Phone (Area Code)
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Home Street Address	City, State, Zip	Home E-mail Address	Home Phone (Area Code)
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Household Income (approximate)	Parent(s) / Guardian(s) Occupation(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of College or Technical School	Cumulative GPA (or High School GPA, if Freshman)	Scale (e.g. 3.0 out of 4.0)	Expected Degree			Major Field of Study	Expected Date of Graduation
			BS	MS	PhD		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Tri-County Credit Union members? <input type="checkbox"/> You <input type="checkbox"/> Parents How many years? _____	Have you applied for student loans? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you like assistance with student loan financing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Career Interests (Briefly state your short and long-term objectives. Feel free to use the back of this form.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
 Awards and Recognitions \_\_\_\_\_  
 Volunteer Activities \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 My signature above indicates that I authorize school officials to release the below information to Tri-County Credit Union for inclusion in my application for the Tri-County Credit Union Scholarship.

**TO INSTITUTION: Please complete the following information pertaining to the above student. If your institution prefers to submit other verification forms, please insure the following information is included.**

Student's cumulative GPA \_\_\_\_\_ out of what scale (e.g. 3.0 out of 4.0) \_\_\_\_\_.

The signature below verifies the above student's full-time enrollment and GPA.

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_