



## SCHOLARSHIP APPLICATION

<b>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/guardian must be members of Tri-County Credit Union.</b>							
Last Name, First Name, Middle Initial				Social Security Number (last 4 digits only)		Date	
School Street Address		City, State, Zip		School E-mail Address		School Phone (Area Code)	
Home Street Address		City, State, Zip		Home E-mail Address		Home Phone (Area Code)	
Household Income (approximate)		Parent(s) / Guardian(s) Occupation(s)				<input type="checkbox"/> Male <input type="checkbox"/> Female	
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/Guardian 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				
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.							
<b>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.</b>							
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: _____							