

SCHOLARSHIP APPLICATION

The \$1,000.00 one-time scholarships are selected from applications submitted for review to the board of directors of Tri-County Credit Union. Applicants or the applicant's parent/legal guardian must be current members of Tri-County Credit Union.					
Last Name, First Name, Middle Initial			Social Security Number (last 4 digits only)		Date
Home Address City	City, State, Zip		E-mail Address Ho		me Phone
Parent(s) / Guardian(s) Names					
Household Income (approximate)	Parent(s) / Guardian(s) Occupation(s)				
High School Name	High School Address		City, State		
Name of University, College or Technical School		Expected Degree Certif Assoc BS MS PhD		Major Field of Stud	Expected Date of Graduation
Tri-County Credit Union members?			Have you applied for student loans? ☐ Yes ☐ No If no, would you like assistance with student loan financing? ☐ Yes ☐ No		
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 Edward O. Rynning Scholarship from Tri-County Credit Union.					
TO GRADUATING SCHOOL: Please compother verification forms, please ensure the				above student. If your ins	titution prefers to submit
Student's cumulative GPA	out of wl	hat 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		Title:			Date:
Telephone:	Fax:		Email:		