

APPLICATION FOR RIVER REGION CREDIT UNION SCHOLARSHIP

Application Deadline: April 12, 2019

Applicant or Parent must be an active member of the credit union to participate.

SECTION I. INFORMATION TO BE SUPPLIED BY APPLICANT (Please type or print)

Name: _____
(FIRST) (MIDDLE) (LAST)

Male

Female

Address: _____

City, State, and Zip: _____

Phone #: _____ SSN: _____

Name of High School: _____

Name of Father or Male Guardian: _____

Address of Father or Male Guardian: _____

Occupation: _____

Name of Mother or Female Guardian: _____

Address of Mother or Female Guardian: _____

Occupation: _____

Number of Children in Your Family: _____

Number Currently Enrolled in College: _____

Briefly summarize your school, church, and community activities. List organizations of which you are a member and offices you have held: _____

List any honors or awards you have received: _____

List both paid and volunteer work experience and job duties you have performed: _____

Name of College You Plan to Attend: _____

Please attach your senior picture
(head and shoulders pose).

DO NOT STAPLE.

If you are the scholarship winner,
your photo will be used for
publicity purposes.

Est. Expenses for the School Year: _____ Est. Resources for the School Year: _____

Do you anticipate any scholarships, awards, or financial aid? Yes No

If yes, specify: _____

What is your intended major and/or career goal? _____

Indicate what you have done in planning ahead to help you meet anticipated college expenses: _____

The Application herewith consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application.

Signature of Applicant

SECTION II. INFORMATION TO BE SUPPLIED BY PRINCIPAL OR COUNSELOR

This is to certify that the above applicant is ranked _____ in a class of _____ seniors.

The applicant has taken the following college aptitude test:

| Name of Test | Score | Date Tested |
|--------------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The Scholarship Selection Committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness of the scholarship consideration.

| | | |
|---|-------------------------------|-------------|
| Award will be presented at: <input type="checkbox"/> Awards Assembly <input type="checkbox"/> Graduation Ceremonies | Principal or Counselor: _____ | Date: _____ |
| | Name of High School: _____ | |
| Date and time of presentation: _____ | Address of High School: _____ | |
| | Telephone Number: _____ | |

**Please return this application to: River Region Credit Union
Attn: Dana Alderman
3124 West Edgewood,
Jefferson City, MO 65109**