

Illinois Quad City Chapter of Credit Unions Scholarship Program



Applicant Information Please print or type completing all requested information. Only completed applications will be considered.

Account Number _____ Social Security # _____ Birth date _____

Last _____ First _____ Middle Initial _____

Street Address _____ Email Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian

Account Number _____ Social Security # _____ Birth date _____

Last _____ First _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Number of other dependent children (excluding yourself): _____

Number of other family members currently in college and year: _____

Education Information

Must submit your high school transcript.

High School _____ Graduation Date _____ GPA _____ Class Rank ____ / ____

Name of accredited post-secondary school you are or will attend: _____

City _____ State _____ Anticipated Annual Cost _____

2 Year Community/Junior College 4 Year College/University Vocational/Technical School

Activities Information

List all activities (school and community) in which you have participated listing any awards or honors received. You may attach a separate sheet if necessary.

| Name & Description of Activity | Awards/Honors Received | Years Participated | Faculty Advisor |
|--------------------------------|------------------------|--------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Employment Information:

List all jobs you have held including a supervisor who can verify your employment. Briefly, describe your responsibilities and hours worked per week. You may attach a separate sheet if necessary.

| Employer | Supervisor | Responsibilities | Employment Dates | Hours/Per Week |
|----------|------------|------------------|------------------|----------------|
| | | | | |
| | | | | |
| | | | | |

Financial Information

Total Family Income, most recent calendar year:

| | | | |
|---------------------|---------------------|---------------------|---------------------|
| under \$15,000 | \$20,000 - \$30,000 | \$30,000 - \$40,000 | \$40,000 - \$50,000 |
| \$50,000 - \$60,000 | \$60,000 - \$70,000 | \$70,000 - \$80,000 | over \$80,000 |

Sources of Funds Available For College Expenses:

Parents \$ _____ Personal Savings \$ _____ Other Scholarships \$ _____

Grants \$ _____ Financial Aid from School \$ _____ Student Loans \$ _____

Essay

Please attach a written essay that includes the following: 1) Describe your vision for the future and how you hope to achieve it. 2) The course of study you are planning to follow and why this scholarship would be important to you. 3) If you were to plan a financial seminar for your peers, specifically what would your agenda topics be and why do you feel them worthwhile subject matter?

Recommendations

Your application must include three written references from persons not related to you. We prefer that one be a teacher or counselor at your school. The form attached to the back of this application may be copied and given to those writing a reference on your behalf. Please list your three references and their occupation/relationship to you.

- 1) _____ Occupation/Relationship _____
- 2) _____ Occupation/Relationship _____
- 3) _____ Occupation/Relationship _____

Application Checklist *This application becomes complete only after you have submitted:*

| | | |
|-------------------------------|------------------------------|-------|
| Primary Member Account Number | Application Form | Essay |
| High School Transcripts* | 3 Letters of Recommendation* | |

*May be sent to scholarship committee under separate cover.

Signature

I, the applicant, certify that the information provided in this application, is complete and accurate to the best of my knowledge.

Signature of Applicant

Date



Illinois Quad City Chapter of Credit Unions Scholarship Program



You have been asked to submit a letter of reference on behalf of this applicant for the Illinois Quad Cities Chapter of Credit Union Scholarship program. Please use this form as a guide when writing your letter of reference or you may simply answer these questions. The letter of recommendation must be returned or postmarked by **February 15, 2024**. Mail to: **Your own Credit Union at address below.**

Credit Union Name:
Address:
City, State, Zip

Illinois Chapter of Credit Unions Scholarship Committee

Name of Scholarship Applicant:

How do you know Applicant?

Comment on the Applicant's personal character:

Comment on the Applicant's scholastic performance:

What characteristics do you consider his/her greatest attributes?

How would you rate the Applicant's potential for future personal achievement? Why?

Any additional comments:

Prepared by: _____ Occupation _____

Signature _____ Date _____ Daytime Phone _____