



CAPITOL CREDIT UNION

Capitol Credit Union 2019 Scholarship Application For a Current College or Trade School Student to a 2-4 Year Accredited Institution or Trade School

Dear Applicant:

Attached is an application for the 2019 Capitol Credit Union Scholarship Program. Please complete the application, attach all required information, and forward the application to Capitol Credit Union. The application must be mailed to Capitol Credit Union and postmarked no later than April 1, 2019. *No application or supplemental documentation will be accepted after the deadline. No exceptions will be made.*

The 2019 Scholarship Program offers one \$1,000.00 non-renewable scholarship **to a 2-4 Year Accredited Institution or Trade School**. The scholarship will be awarded on the basis of current academic performance, and other factors related to school and community involvement. Additional consideration may be based on financial need. The scholarship winner will be notified by email or telephone in the month of May. Instructions for disbursement will accompany the award notification. It is anticipated that funds will be available for disbursement to the scholarship recipient no earlier than June 1, 2019. Proof of enrollment in the selected higher educational institution or trade school must be presented.

The following minimum requirements have been established to qualify for a scholarship:

- The applicant must be a member in good standing of Capitol Credit Union. In order to be considered a member in good standing, the applicant must be primary owner of a share (savings) account and subscribe to at least one share deposit account with a minimum balance of \$5.00. The applicant must have his/her own share account in existence on or before March 15, 2019; **parents' accounts or joint ownership on an account are not sufficient** to establish membership for the applicant.
- The applicant must be currently enrolled in a **2-4 Year Accredited Institution or Trade School** during the 2018-2019 academic year.
- The applicant must have demonstrated character in dealing with people during his/her academic and/or business career.
- The applicant must submit two letters of recommendation from teachers, counselors, or employers. These must be submitted with the application on or before April 1, 2019. The application must be mailed to Capitol Credit Union and postmarked no later than April 1, 2019.

Should you have any questions about the Scholarship Program, the application, or any of the requirements, please contact us at scholarships@ccutx.org. We look forward to receiving your application and wish you the best of luck in your academic endeavors.

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CHECKLIST FOR COMPLETED SCHOLARSHIP APPLICATION

Please review the checklist provided. Only completed applications with all requested documentation will be reviewed. All incomplete applications will not be considered for the scholarships. If you have any questions, please contact us at scholarships@ccutx.org.

_____ Are you currently enrolled in a 2-4 Year Accredited Institution or Trade School?

_____ Are you a member in good standing at Capitol Credit Union? Remember you must have a share (savings) account in your name (not your parents' name(s)) to be a member of Capitol Credit Union and you **must** be a member by March 15, 2019.

_____ Is the application complete? Is the necessary signature provided in Section V of the application?

_____ Are the 2 letters of recommendation from teachers, employers, or counselors included?

_____ Did you include an official copy of your most recent school transcript?

_____ Will your application be postmarked and mailed to Capitol Credit Union no later than April 1, 2019.

If you have answered "no" to any of the questions, your application is incomplete. Please make sure all requests are included to ensure that your application will be considered.

* If you wish to be considered for financial need in addition to your academic performance, please fill out the **Financial Information** form on page 7 of 8. The scholarship committee may request additional financial documents.

* Would you like your name or photograph released in any Capitol Credit Union Publication? ____ Yes ____ No
If your answer is yes, please fill out the **Photo Release** form on page 8 of 8.

Remember, it is better to turn your application in early to avoid missing the due date. *No exceptions will be made.*

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2019 Scholarship Program
Capitol Credit Union
P. O. Box 81647
Austin, Texas 78708

APPLICANT: The items that follow are designed to collect information about your background, interests, and plans. Your responses will be used only in connection with your application for this scholarship program and to develop a brief biographical sketch if you are selected to receive a scholarship. Please complete all sections as they apply to you, and please type or print your responses clearly in black ink.

SECTION I: BIOGRAPHICAL INFORMATION <i>(Please type or print clearly using black ink.)</i>				
Name (First, Middle, Last):		Social Security Number:		
Current College or Trade School Name:		School Phone Number:		
School Address:				
Permanent Home Address:				
Home Phone Number:		Birth Date:	Age:	Sex (M/F):
Email:		Cell/Pager/Other:		
Number of dependent children in household:		Ages of dependent children:		
Is your parent, and/or spouse employed by Capitol Credit Union? (Y/N):				
If yes, please state name:				

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SECTION II: SCHOLASTIC INFORMATION *(Attach official copy of most recent school transcript.)*

2-4 year accredited institution or trade school you are attending:

Location:

If attending a 2-4 year accredited institution rather than a trade school, what is your declared/planned course of study?

Where do you plan to live while attending the educational institution? (check one)

Apartment/Home

Home of friend/relative

Residence hall on campus

Fraternity/Sorority house Other (specify):

List your professional, community, and school activities (church work, outreach programs, drug hotlines, hospital work, etc.).

List and describe the jobs you have had in the past four years and length of employment.

Use this space to make other remarks you feel would be helpful to the Scholarship Committee in evaluating you and comparing you with other applicants for a Capitol Credit Union scholarship.

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SECTION III: PERSONAL STATEMENT *(Type or print clearly or use separate sheet(s) and attach to application form.)*

Please write a biographical statement describing your background, future plans, career goals, and why you would like to be considered for a scholarship. This statement is heavily weighted in the evaluation of your application. Therefore, please give special consideration to its organization, content, and structure.

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SECTION IV: RECOMMENDATIONS *(To be completed by school teacher, counselor, or employer.)*

Please submit a minimum of two letters of recommendation from teachers, counselors, or employers who are familiar with your scholastic performance, capabilities, work history and character. The letters should contain the following information:

- * The name of the person submitting the recommendation
- * The nature of the relationship between the student and the person submitting the recommendation
- * The length of time that the person has known the student
- * The name of the subjects taught by the teacher submitting the recommendation, if applicable.

PLEASE ATTACH TWO LETTERS OF RECOMMENDATION TO THIS APPLICATION.

SECTION V: CERTIFICATION AND SIGNATURES

I certify that the information disclosed in this application is true and correct to the best of my knowledge.

Applicant's signature:

Date signed:

After completing and signing this application, return it with all attachments to the address shown below. This application must be mailed and postmarked no later than April 1, 2019.

2019 SCHOLARSHIP PROGRAM
CAPITOL CREDIT UNION
P. O. BOX 81647
AUSTIN, TEXAS 78708

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FINANCIAL INFORMATION <small>(Please provide copies of your most recent Federal Income Tax Return and pay stub.)</small>																									
<i>List sources of your income below.</i> Amount: \$ Source: Amount: \$ Source:	<i>List monthly obligations below.</i> Mortgage payment or rent \$ Automobile payment \$ Credit card/loan \$ Credit card/loan \$ Utilities \$ Insurance \$																								
<i>List sources of other income below.</i> Amount: \$ Your parent's/parents' annual gross salary Amount: \$ Your spouse's annual gross salary Amount: \$ Source: Amount: \$ Source:	<i>List other major obligations.</i> \$ Type of obligation: \$ Type of obligation: \$ Type of obligation: \$ Type of obligation:																								
Assets: Cash \$ Savings \$ Checking \$	Home value, if owned \$ Unpaid mortgage \$																								
Have you received other financial aid for a 2-4 year accredited institution or trade school? YES NO (circle one)																									
If yes, complete the following (example provided) and supply a copy of financial aid notification. Attach separate sheets, if necessary.																									
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;">Financial Aid Provider</th> <th style="text-align: left; border: none;">From</th> <th style="text-align: left; border: none;">Amount per Year</th> <th style="text-align: left; border: none;">Duration</th> </tr> </thead> <tbody> <tr> <td style="border: none;"><i>Example: President's Scholarship</i></td> <td style="border: none;"><i>Employer</i></td> <td style="border: none;"><i>\$500</i></td> <td style="border: none;"><i>4 years</i></td> </tr> <tr> <td style="border: none;">1.</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">2.</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">3.</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">4.</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </tbody> </table>	Financial Aid Provider	From	Amount per Year	Duration	<i>Example: President's Scholarship</i>	<i>Employer</i>	<i>\$500</i>	<i>4 years</i>	1.				2.				3.				4.				Use this section to submit comments or other information that may be important to the Scholarship Committee. Attach separate sheets, if necessary.
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PERMISSION TO USE PHOTOGRAPH *(Please type or print clearly using black ink.)*

Event: 2019 Scholarship Program

I hereby grant to Capitol Credit Union the right to take photographs of me and my family, or use any other photograph I provide, in connection with the above-identified event. I authorize Capitol Credit Union, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Capitol Credit Union may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____ *(if under age 18)*