



CAPITOL CREDIT UNION

Capitol Credit Union 2019 Scholarship Application 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 your high school or accredited high school equivalent (AHSE). The application must be mailed to Capitol Credit Union **by your high school or AHSE** 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 a total of two \$1000.00 annual scholarships **to a 2-4 year accredited institution or trade school** that are renewable for up to three additional years based on attendance and grades. Each scholarship will be awarded on the basis of academic performance, and other factors related to school and community involvement. Additional consideration may be based on financial need. Scholarship winners will be notified by email or telephone in the month of May. Instructions for disbursement will accompany the award notification. If possible, we would like to award the scholarship to the recipient at his/her high school's/AHSE's awards ceremony.

It is anticipated that funds will be available for disbursement to the scholarship recipients 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 student must have his/her own share account in existence on or before March 15, 2019. **The parents' accounts or joint ownership on an account are not sufficient** to establish membership for the student.
- The applicant must be a graduate of an accredited high school or AHSE in the service area of Capitol Credit Union during the 2018-2019 academic year.
- The applicant must be accepted for admission to an accredited college, university, or educational equivalent institution for the summer or fall 2019 school year.
- The applicant must have demonstrated character in dealing with people during his/her academic career.
- The applicant must show potential through class standing, involvement in work situations, and/or extracurricular activities. The applicant must submit two letters of recommendation from teachers, counselors, or school officials. A letter of recommendation from an employer will also be accepted. These must be submitted with the application on or before April 1, 2019. The application must be mailed to Capitol Credit Union **by your high school or AHSE** 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 considered. All incomplete applications will not be considered for the scholarships. If you have any questions, please contact us at scholarships@ccutx.org.

_____ Are you graduating from high school or an AHSE in the 2018-2019 school year?

_____ 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? Are the necessary signatures provided in Sections IV and VI of the application?

_____ Are the 2 letters of recommendation included?

_____ Did you include a copy of your official high school or AHSE transcript?

_____ Did you include a copy of your SAT and/or ACT scores?

_____ Have you been accepted to an accredited institution or trade school for the summer or fall of 2019?

_____ Will your application be postmarked and mailed by your high school 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:		
High School/AHSE Name:	High School/AHSE Phone Number:		
High School/Equivalent Address:			
Permanent Home Address:			
Home Phone Number:	Birth Date:	Age:	Sex (M/F):
Father's Full Name:	Occupation:	Work phone number:	
Father's Address (if different from yours):			
Mother's Full Name:	Occupation:	Work phone number:	
Mother's Address (if different from yours):			
Parent or Guardian's Email:	Parent or Guardian's Cell/Pager/Other:		
Number of dependent children in household:	Ages of dependent children:		
Is your parent or legal guardian employed by Capitol Credit Union? (Y/N): If yes, please state name:			

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SECTION II: SCHOLASTIC INFORMATION *(Attach copy of official high school transcript along with SAT and/or ACT scores.)*

Projected class rank and size of graduating class (e.g.12/505):

What percentile?

Grade point average (current):

SAT Score(s):

AND/OR

ACT Score(s):

List high school/AHSE courses which you feel have prepared you for an accredited higher education institution or trade school. In addition, give an estimate of the amount of credit received for these courses or the amount of time spent on the courses.

2-4 year accredited institution or trade school you plan to attend:

Location:

Have you applied?

Have you been accepted?

If attending a 2-4 year accredited institution, what is your declared/planned major?

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

Home with parents

Apartment

Home of friend/relative

Residence hall on campus

Fraternity/Sorority house

Other (specify):

List your high school/AHSE activities (publications, debating, dramatics, music, art, student government, clubs, sports, etc., and any offices held in activity).

List your community volunteer 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: SCHOOL/AHSE RECORDS INFORMATION RELEASE

Secondary School Report Release Authorization for scholarship applicant
(print applicant's name):

To comply with the Federal Privacy Rights of Parents and Students Act, a school must obtain a signed authorization before it can release student information for use in this scholarship program. Permission is hereby given to school officials to release secondary school record and other requested information for consideration in the Capitol Credit Union Scholarship Program.

Student's signature

Date

Parent's/Guardian's signature

Date

SECTION V: SCHOOL RECOMMENDATIONS *(To be completed by high school/AHSE teacher or counselor.)*

Note to Principal: The above named student is an applicant for a scholarship. To process the application, we need a record of the student's secondary school academic performance. This information will be used only in connection with the selection of recipients and will be seen only by qualified persons involved in the selection process. Also, we request that a counselor or teacher who is familiar with the student's character and scholastic capabilities provide the evaluation information and recommendations as requested below.

Please submit a minimum of two letters of recommendation from teachers, counselors, or other school officials who are familiar with the student's scholastic performance, capabilities, 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 person submitting the recommendation, if any.

A letter of recommendation from an employer who is familiar with job performance, capabilities, and character will also be accepted. The letter should contain the following information:

- * The name of the employer submitting the recommendation
- * The nature of the employment relationship between the student and the employer submitting the recommendation
- * The length of time that the employer has known the student.

PLEASE ATTACH TWO LETTERS OF RECOMMENDATION TO THIS APPLICATION.

SECTION VI: CERTIFICATION AND SIGNATURES

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

Applicant's signature:

Date signed:

Parent's/Guardian's signature:

Date signed:

School Principal's Signature:

Date signed:

After completing and signing this application, return it along with A TRANSCRIPT OF GRADES 9 THROUGH 12 AND SAT AND/OR ACT SCORES to the address shown below. This application must be mailed BY THE SCHOOL/AHSE 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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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)*