



2017 Scholarship Form (Please Type)

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code

Home Phone: Alternate Phone:

Email:

Parent/Guardian Name (if under 18)

Extra-Curricular School Activities

Blank lines for extra-curricular school activities

Out of School Activities (Clubs, Church, Work, etc.)

Blank lines for out of school activities

In a maximum of 25 words, describe what United Credit Union means to you.

Blank lines for describing what United Credit Union means to you

In a maximum of 25 words, describe how you have participated as a member of United Credit Union.

Blank lines for describing participation as a member of United Credit Union

Please list the name and location of the institution you are planning to attend.

What field of study are you planning to pursue?

By signing below, I further agree that if I am awarded a scholarship, United Credit Union has my permission to publish my name in print, radio and other forms of media.

Signature: _____

Date: _____

****Please attach a copy of your high school transcript and ACT score****

All scholarship applications must be returned to United Credit Union by, no later than, March 31, 2017. If you would like to email the application, please send to awalker@unitedcu.org. If you are mailing the application, please mail to:

United Credit Union
Attn: Arica Alton
P.O. Box 858
Mexico, Mo 65265