## **United Credit Union**



## 2020 Scholarship Form (Please Type)

Please fill in ALL fields or the application will be considered incomplete.

		Personal Information	n	
Full Name:				
ruii Name.	Last		First	M.I.
Address:				
Address.	Street Address			Apartment/Unit #
	Street Address			Арантепи Опи <del>н</del>
	City		State	ZIP Code
Home Phone:		Alternate Phone	e:	
Email:				
Email: Parent/Guardian				
Name:				
	E	xtra-Curricular School A	ctivities	
		xira Garrigalar Gorioor A	iotivities	
	Out of Sch	ool Activities (Clubs, Ch	nurch, Work, etc	c.)
In a ma	ximum of 25 wo	rds, describe what Unite	ed Credit Union	means to you.
In a may	imum of 25 word	ds, describe how you ha	vo participatod	as a mombor of
III a IIIax	illiulli ol 25 word	United Credit Union	ive participateu n.	as a member or

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, April 1<sup>st</sup>, 2020. If you would like to email the application, please send to mahrens@unitedcu.org. If you are mailing the application, please mail to:

**United Credit Union** 

**Attn: Missy Ahrens** 

P.O. Box 858

**Mexico, MO 65265**