



2020 Scholarship Form (Please Type)

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

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: _____

Extra-Curricular School Activities

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

In a maximum of 25 words, describe 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.

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: _____

****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 1st, 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