

# 2020 Muskegon Co-op FCU Scholarship Application



## Applicant Data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a Muskegon Co-op FCU Member? \_\_\_\_ Yes \_\_\_\_ No Account #: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Are your Parent(s)/Guardian(s) Muskegon Co-op Members? \_\_\_\_ Yes \_\_\_\_ No Account #: \_\_\_\_\_

## High School, Post-Secondary School Data

### Name of high school attended:

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

**Name of post-secondary school you plan to attend.** If unknown, please list in order of preference the schools to which you have applied and been accepted:

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major or course of study: \_\_\_\_\_

Degree sought: \_\_\_\_ Bachelor \_\_\_\_ Associate \_\_\_\_ Other (please list) \_\_\_\_\_

*If attending Muskegon Community College, do you qualify for the Muskegon Promise?* \_\_\_\_\_

## Work Experience

List your work experience during the past four years.

Employer	Responsibilities	Dates	Hours Per Week

## School or Community Activities

List all school or volunteer community activities in which you have participated during the past four years. Note any offices, positions or leadership roles held in those activities.

Activity/Club	Length of participation	Role in Group

## Awards/Honors

List any awards or honors received during the past four years.

Activity/Club	Length of participation	Award or Honor Received

## Essay

Please write a 200 – 300 word essay on **one** of the following topics:

- The importance of a credit union and what it means to you.
- What are your educational and career goals?
- How can the credit union help you and others with financial education?

*This section must be typed on a separate sheet of paper with your name at the top.*

## Media Release & Certification

We (the Applicant and the Parent/Guardian of the Applicant) hereby grant full permission to Muskegon Co-op FCU and its board and employees to use the Applicant's name, photograph, and biographical information in any publication or online media to promote or announce the scholarship if the applicant is selected as a recipient of the scholarship.

In addition, all of the information provided by me is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form if required. My signature certifies that all of the information provided is complete, factually correct and honestly represented.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE