

Capitol Credit Union 2020 Scholarship Application

FINANCIAL INFORMATION <i>(Please provide copies of your most recent Federal Income Tax Return and pay stub.)</i>			
<i>List sources of your income below.</i>		<i>List monthly obligations below.</i>	
Amount: \$	Source:	Mortgage payment or rent \$	
Amount: \$	Source:	Automobile payment \$	
<i>List sources of other income below.</i>		Credit card/loan \$	
Amount: \$	Your parent's/parents' annual gross salary	Credit card/loan \$	
Amount: \$	Your spouse's annual gross salary	Utilities	\$
Amount: \$	Source:	Insurance	
Amount: \$	Source:	<i>List other major obligations.</i>	
Assets: Cash \$		\$	Type of obligation:
Savings \$		\$	Type of obligation:
Checking \$		\$	Type of obligation:
Home value, if owned \$		Unpaid mortgage \$	
Have you received other financial aid for a 2-4 year accredited institution or trade school? YES NO (circle one)			
If yes, complete the following (example provided) and supply a copy of financial aid notification. Attach separate sheets, if necessary.			
Financial Aid Provider	From	Amount per Year	Duration
<i>Example: President's Scholarship</i>	<i>Employer</i>	<i>\$500</i>	<i>4 years</i>
1.			
2.			
3.			
4.			
Use this section to submit comments or other information that may be important to the Scholarship Committee. Attach separate sheets, if necessary.			

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PERMISSION TO USE PHOTOGRAPH *(Please type or print clearly using black ink.)*

Event: 2020 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)*