

Capitol Credit Union 2021 Scholarship Application to a 2-4 Year Accredited Institution or Trade School

Dear Applicant:

Attached is an application for the 2021 Capitol Credit Union Scholarship Program. Please complete the application, attach all required information, and forward the application to your high school or accredited high school equivalent (AHSE). The application must be mailed to Capitol Credit Union **by your high school or AHSE** and postmarked no later than April 1, 2021. *No application or supplemental documentation will be accepted after the deadline. No exceptions will be made.*

The 2021 Scholarship Program offers a total of two \$1000.00 annual scholarships **to a 2-4 year accredited institution or trade school** that are renewable for up to three additional years based on attendance and grades. Each scholarship will be awarded on the basis of academic performance, and other factors related to school and community involvement. Additional consideration may be based on financial need. Scholarship winners will be notified by email or telephone in the month of May. Instructions for disbursement will accompany the award notification. If possible, we would like to award the scholarship to the recipient at his/her high school's/AHSE's awards ceremony.

It is anticipated that funds will be available for disbursement to the scholarship recipients no earlier than June 1, 2021. Proof of enrollment in the selected higher educational institution or trade school must be presented.

The following minimum requirements have been established to qualify for a scholarship:

- The applicant must be a member in good standing of Capitol Credit Union. In order to be considered a member in good standing, the applicant must be primary owner of a share (savings) account and subscribe to at least one share deposit account with a minimum balance of \$5.00. The student must have his/her own share account in existence on or before March 15, 2021. The parents' accounts or joint ownership on an account are not sufficient to establish membership for the student.
- The applicant must be a graduate of an accredited high school or AHSE in the service area of Capitol Credit Union during the 2020-2021 academic year.
- The applicant must be accepted for admission to an accredited college, university, or educational equivalent institution for the summer or fall 2021 school year.
- The applicant must have demonstrated character in dealing with people during his/her academic career.
- The applicant must show potential through class standing, involvement in work situations, and/or extracurricular activities. The applicant must submit two letters of recommendation from teachers, counselors, or school officials. A letter of recommendation from an employer will also be accepted. These must be submitted with the application on or before April 1, 2021. The application must be mailed to Capitol Credit Union by your high school or AHSE and postmarked no later than April 1, 2021.

Should you have any questions about the Scholarship Program, the application, or any of the requirements, please contact us at scholarships@ccutx.org. We look forward to receiving your application and wish you the best of luck in your academic endeavors.

CHECKLIST FOR COMPLETED SCHOLARSHIP APPLICATION

Please review the checklist provided. Only completed applications with all requested documentation will be considered . All incomplete applications will not be considered for the scholarships. If you have any questions, please contact us at scholarships@ccutx.org.

_____ Are you graduating from high school or an AHSE in the 2020-2021 school year?

- _____ Are you a member in good standing at Capitol Credit Union? Remember you must have a share (savings) account in your name (not your parents' name(s)) to be a member of Capitol Credit Union and you **must** be a member by March 15, 2021
- _____ Is the application complete? Are the necessary signatures provided in Sections IV and VI of the application?
- _____ Are the 2 letters of recommendation included?
- _____ Did you include a copy of your official high school or AHSE transcript?
- _____ Did you include a copy of your SAT and/or ACT scores?
- _____ Have you been accepted to an accredited institution or trade school for the summer or fall of 2021?
- _____ Will your application be postmarked and mailed by your high school to Capitol Credit Union no later than April 1, 2021?

If you have answered "no" to any of the questions, your application is incomplete. Please make sure all requests are included to ensure that your application will be considered.

- * If you wish to be considered for financial need in addition to your academic performance, please fill out the **Financial Information** form on page 7 of 8. The scholarship committee may request additional financial documents.
- * Would you like your name or photograph released in any Capitol Credit Union Publication? ____Yes ____No If your answer is yes, please fill out the **Photo Release** form on page 8 of 8.

Remember, it is better to turn your application in early to avoid missing the due date. No exceptions will be made.

2021 Scholarship Program Capitol Credit Union P. O. Box 81647 Austin, Texas 78708

APPLICANT: The items that follow are designed to collect information about your background, interests, and plans. Your responses will be used only in connection with your application for this scholarship program and to develop a brief biographical sketch if you are selected to receive a scholarship. Please complete all sections as they apply to you, and please type or print your responses clearly in black ink.

SECTION I: BIOGRAPHICAL INFORMATION (Please type or print clearly using black ink.)				
Name (First, Middle, Last):	Social Security Number:			
High School/AHSE Name:	High School/AHSE Phone Number:			
High School/Equivalent Address:				
Permanent Home Address:				
Home Phone Number:	Birth Date:	Age:	Sex (M/F):	
Father's Full Name:	Occupation:	Work phone nur	nber:	
Father's Address (if different from yours):				
Mother's Full Name:	Occupation:	Work phone nun	nber:	
Mother's Address (if different from yours):				
Parent or Guardian's Email:	Parent or Guardian's Cell/Pager/Other:			
Number of dependent children in household:	Ages of dependent children:			
Is your parent or legal guardian employed by Capitol Credit Union? (Y/N): If yes, please state name:				

SECTION II: SCHOLASTIC INFORMATION (Attach copy of official high school transcript along with SAT and/or ACT scores.)	
Projected class rank and size of graduating class (e.g.12/505):	
What percentile? Grade point average (current):	
SAT Score(s): AND/OR ACT Score(s):	
List high school/AHSE courses which you feel have prepared you for an accredited higher education institution or trade school. In addition, give an estimate of the amount of credit received for these courses or the amount of time spent on the courses.	
2-4 year accredited institution or trade school you plan to attend:	
Location:	
Have you applied? Have you been accepted?	
If attending a 2-4 year accredited institution, what is your declared/planned major?	
Where do you plan to live while attending the educational institution? (check one) _ Home with parents _ Apartment _ Home of friend/relative _ Residence hall on campus _ Fraternity/Sorority house _ Other (specify): List your high school/AHSE activities (publications, debating, dramatics, music, art, student government, clubs, sports, etc.,	
and any offices held in activity).	
List your community volunteer activities (church work, outreach programs, drug hotlines, hospital work, etc.).	
List and describe the jobs you have had in the past four years and length of employment.	
List and describe the jobs you have had in the past four years and length of employment.	
Use this space to make other remarks you feel would be helpful to the Scholarship Committee in evaluating you and	
comparing you with other applicants for a Capitol Credit Union scholarship.	
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SECTION III: PERSONAL STATEMENT (Type or print clearly or use separate sheet(s) and attach to application form.)

Please write a biographical statement describing your background, future plans, career goals, and why you would like to be considered for a scholarship. This statement is heavily weighted in the evaluation of your application. Therefore, please give special consideration to its organization, content, and structure.

SECTION IV: SCHOOL/AHSE RECORDS INFORMATION RELEASE			
Secondary School Report Release Authorization for scholarship applicant (print applicant's name):			
can release student information	for use in this scholarshi	Ind Students Act, a school must obtain a signed ip program. Permission is hereby given to scho n for consideration in the Capitol Credit Union	ool officials to release
Student's signature	Date	Parent's/Guardian's signature	Date

SECTION V: SCHOOL RECOMMENDATIONS (To be completed by high school/AHSE teacher or counselor.)

Note to Principal: The above named student is an applicant for a scholarship. To process the application, we need a record of the student's secondary school academic performance. This information will be used only in connection with the selection of recipients and will be seen only by qualified persons involved in the selection process. Also, we request that a counselor or teacher who is familiar with the student's character and scholastic capabilities provide the evaluation information and recommendations as requested below.

Please submit a minimum of two letters of recommendation from teachers, counselors, or other school officials who are familiar with the student's scholastic performance, capabilities, and character. The letters should contain the following information:

- * The name of the person submitting the recommendation
- * The nature of the relationship between the student and the person submitting the recommendation
- * The length of time that the person has known the student
- * The name of the subjects taught by the person submitting the recommendation, if any.

A letter of recommendation from an employer who is familiar with job performance, capabilities, and character will also be accepted. The letter should contain the following information:

- * The name of the employer submitting the recommendation
- * The nature of the employment relationship between the student and the employer submitting the recommendation
- * The length of time that the employer has known the student.

PLEASE ATTACH TWO LETTERS OF RECOMMENDATION TO THIS APPLICATION.

SECTION VI: CERTIFICATION AND SIGNATURES				
I certify that the above information disclosed in this application is true and correct to the best of my knowledge.				
Applicant's signature:	Date signed:			
Parent's/Guardian's signature:	Date signed:			
School Principal's Signature:	Date signed:			
After completing and signing this application, return it along with A TRANSCRIPT OF GRADES 9 THROUGH 12 AND SAT AND/OR ACT SCORES to the address shown below. This application must be mailed BY THE SCHOOL/AHSE and postmarked no later than April 1, 2020.				
CAPIT	DLARSHIP PROGRAM OL CREDIT UNION . O. BOX 81647			

AUSTIN, TEXAS 78708

FINANCIAL INFORMATION (Please provide copies of your most recent Federal Income Tax Return and pay stub.)						
List sources of your income below. Amount: \$ Source: Amount: \$ Source: List sources of other income below.		List monthly obligations below. Mortgage payment or rent \$ Automobile payment \$ Credit card/loan \$				
Amount: \$ Amount: \$ Amount: \$	Your parent's/parents' annual gross salary Your spouse's annual gross salary Source: Source:		Credit card/loan \$ Utilities \$ Insurance \$ <i>List other major obligations.</i>			
Assets: Cash \$ Savings \$ Checking \$			 Type of obligation: Type of obligation: Type of obligation: 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. NO (circle one)						
Financial Aid Provider Example: President's Scholarsh 1. 2. 3. 4.	From ip Employer	Amount p \$500				
Use this section to submit comn separate sheets, if necessary.	nents or other information t	hat may be import	tant to the Scholarship Committee. Attach			

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)	