



Annual
\$1,000
ACHIEVEMENT
SCHOLARSHIP

WWW.SKYFCU.ORG



1-800-445-3328

SKYFCU.ORG



A B O V E A N D B E Y O N D

How to apply:

On a separate sheet, please respond objectively regarding your personal involvement and achievements in the areas listed below. We suggest that you present your information in paragraph form. Your application will be rated by the Selection Committee based strictly on what you have written.

1. **WORK/EMPLOYMENT EXPERIENCE**
Please show types of work, periods of time involved, and for whom.
2. **SCHOOL AND RELATED ACTIVITIES**
Describe your involvement.
3. **COMMUNITY AND RELATED ACTIVITIES**
These may include clubs, organizations, community services groups, etc.
Describe your involvement.
4. **HONORS AND AWARDS RECEIVED AND OFFICES HELD**
School and/or community related.
5. **PURPOSE OF CONTINUING YOUR EDUCATION, INCLUDING YOUR
PLANNED AREA OF STUDY AND THE SCHOOL YOU PLAN TO ATTEND.**

The deadline for returning your completed application to Sky Federal Credit Union is **Friday, April 23, 2021**.
The completed application will be reviewed by our Selection Committee.



A B O V E A N D B E Y O N D

WALTER H. MARTIN ACHIEVEMENT AWARD

*The male recipient of this award must be a member of Sky Federal Credit Union.
For membership information, please call 222-1750.*

STUDENT'S FULL NAME:

ADDRESS:

CREDIT UNION ACCOUNT #:

PARENT NAME(S):

HIGH SCHOOL:

GRADUATION DATE:

____/____/____

Please return this form along with your application



A B O V E A N D B E Y O N D

MARTHA V. HAMPSON ACHIEVEMENT AWARD

*The female recipient of this award must be a member of Sky Federal Credit Union.
For membership information, please call 222-1750.*

STUDENT'S FULL NAME: _____

ADDRESS: _____

CREDIT UNION ACCOUNT #: _____

PARENT NAME(S): _____

HIGH SCHOOL: _____

GRADUATION DATE: / /

Please return this form along with your application.