



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

Sky Federal Credit Union

ACHIEVEMENT AWARD

The male/female recipient of this award must be a member of Sky Federal Credit Union.

For membership information, please call 222-1750, 587-1750, 388-5878 or 932-4004.

STUDENT'S FULL NAME: _____

ADDRESS: _____

CREDIT UNION ACCOUNT #: _____

PARENT NAME(S): _____

HIGH SCHOOL: _____

GRADUATION DATE: / /

GENDER: M F (please circle one)

Please return this form along with your application