BANKING ON YOU™

2019 SCHOLARSHIP APPLICATION

West Community Credit Union is committed to our members and the communities we serve.
Our scholarship program is available to help provide financial assistance to graduating high school seniors for their higher education.

SCHOLARSHIP RECIPIENTS MUST MEET THE FOLLOWING QUALIFICATIONS:

1. Be a graduating high school senior
2. Attend an accredited college, university, career or trade school
3. Recipient or parent must have an account at the Credit Union

THE APPLICANTS WILL BE JUDGED ON THE FOLLOWING CRITERIA:

1. Financial need
2. Essay
3. ACT/SAT composite scores
4. Curriculum
5. GPA
6. Extracurricular activities
7. Two recommendations
   - *Personal*
   - *School*

STUDENT APPLICANT MUST SUBMIT THE FOLLOWING:

1. General information
2. Financial Information
3. Essay
4. Extra curricular activities form
5. Sealed, official school transcript
6. Copy of **ACT** and/or **SAT** score(s)
7. Two recommendations
   - Personal *(To be completed and submitted by non-family member.)*
   - School *(To be completed and submitted by a teacher, counselor, coach, etc.)*

COMPLETED APPLICATIONS, RECOMMENDATIONS AND TRANSCRIPTS MUST BE RECEIVED BY FRIDAY, MARCH 15, 2019.

- ***Mail to:***
  West Community Credit Union
  ATTN: Lori Hudson
  4161 Highway K
  O'Fallon, MO 63368

Or e-mail to:
Lori Hudson
LHudson@westcommunitycu.org.

All instructions must be followed in order to be considered for a scholarship.
Recipients will receive a check for $1,500 made payable to their school, For the Benefit Of (FBO) the student.

CONTACT LORI HUDSON WITH ANY QUESTIONS

(636) 720-2402 or LHudson@westcommunitycu.org.

Students applying for this scholarship are not eligible for any other West Community Credit Union scholarships.
West Community Credit Union staff, volunteers and their family members are not eligible.

CORPORATE OFFICE: 4161 HIGHWAY K, O'FALLON, MO 63368 | 636.720.2400 | 800.500.6860 | FAX: 636.720.2497
WESTCOMMUNITYCU.ORG | TIGERSCU.ORG

2019 Scholarship Application
General and Financial Information

1. GENERAL INFORMATION
(Please type in fields provided or print clearly)

NAME

ADDRESS 1 | ADDRESS 2

CITY | STATE | ZIP

PHONE | E-MAIL ADDRESS

A. HOW DID YOU HEAR ABOUT OUR SCHOLARSHIP PROGRAM?

B. NAME OF HIGH SCHOOL YOU WILL GRADUATE FROM

C. NAME OF PARENT(S) OR GUARDIAN(S)

D. WHAT COLLEGE, UNIVERSITY OR CAREER SCHOOL DO YOU PLAN TO ATTEND?

E. HAVE YOU BEEN ACCEPTED BY THIS SCHOOL? ☐ YES ☐ NO

F. WHAT CAREER DO YOU PLAN TO PURSUE?

2. FINANCIAL INFORMATION

A. GROSS FAMILY ANNUAL INCOME:

☐ LESS THAN $55,000 ☐ $55,001 TO $85,000 ☐ $85,001 TO $115,000
☐ $115,001 TO $170,000 ☐ $170,001+

B. NUMBER OF PARENTS/GUARDIANS IN YOUR HOUSEHOLD

C. NUMBER OF CHILDREN CURRENTLY ATTENDING COLLEGE IN YOUR HOUSEHOLD

D. NUMBER OF CHILDREN IN YOUR HOUSEHOLD (INCLUDING YOURSELF) AND THEIR AGES

E. DO YOU HAVE A PART-TIME JOB NOW? ☐ YES ☐ NO

F. WILL YOU HAVE A JOB WHILE ATTENDING COLLEGE? ☐ YES ☐ NO

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2019 Scholarship Application
Essay

3. CHOOSE AN EXPERIENCE FROM YOUR OWN LIFE AND EXPLAIN HOW IT HAS INFLUENCED YOUR DEVELOPMENT.
(Please type in field provided or print neatly. Attach additional pages as needed.)

NAME

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2019 Scholarship Application
Extra Curricular Activities

4. LIST ALL ACTIVITIES	9	10	11	12	HRS/WK	SPECIAL RECOGNITION/AWARDS
SCHOOL ACTIVITIES						
ATHLETICS						
SPECIAL HONORS AND AWARDS						
COMMUNITY CONTRIBUTIONS						
WORK AND SUMMER ENRICHMENT						
HOBBIES AND SPECIAL TRAINING						

NAME

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2019 Scholarship Application
Personal Recommendation

The student listed below is applying for a West Community Credit Union Scholarship and will appreciate your recommendation. Please complete and return this form by the application deadline.

You may return the completed form to the applicant or, if confidentiality is preferred, return to:

West Community Credit Union
ATTN: Lori Hudson
4161 Highway K
O'Fallon, MO 63368

or email to: LHudson@westcommunitycu.org

MUST BE RECEIVED BY FRIDAY, MARCH 15, 2019

STUDENT'S NAME

YOUR NAME

YOUR RELATIONSHIP TO STUDENT

HOW LONG HAVE YOU KNOWN STUDENT

PLEASE EXPLAIN WHY WE SHOULD CONSIDER THE STUDENT LISTED ABOVE AS A RECIPIENT OF OUR SCHOLARSHIP *(Please type in fields provided or print clearly)*

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2019 Scholarship Application
School Recommendation

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