

## **College Scholarship Application**

| Last Name   | First               |                     | Middle Initial                         |
|---|---------------------|---------------------|--|
| Street  |                     |                     |  |
| Address   |                     | email               |  |
| City  | State               | Zip                 |  |
| Home Phone  |                     |                     |  |
| ACU Member Informa                                    | ation (if different | than applicant):    |  |
| Last Name   | First               |                     | Middle Initial                         |
| Street Address  |                     |                     |  |
| City  | State               | Zip                 |  |
| Education Information or vocational school transcripe |                     | py of your high sci | hool or accredited college, university |
| High School/College<br>GPA                            | Graduation Date     |                     |  |
| Name of accredited post-sec attending:                | •                   |                     |  |
| City  | State               |                     |  |
| ☐ 2 Year Community/Junior (                           | College 🗆 4 Year (  | College/University  | □ Vocational/Technical                 |
| Date of Entrance Ex                                   | nected Date of Grad | Justion             |  |

| Union's Scholarship Committee to verify or obta  | •  |
|--|--|
| video/essay, or any reproduction of myself for edgranted to make changes or alterations to the video the property of Abri Credit Union and that they and/or use the video/essay in the future. The video the video that they are the video to t | Credit Union is authorized to use my name, picture, ditorial or commercial purposes. Permission is hereby leo/essay. I understand that this video/essay will become can use the concept for future ads for the credit union eo/essay can be used by the Credit Union for publicity elets, including YouTube, Facebook, and the Internet. |
| The undersigned warrants that he/she is at le legal age, please include a parent or guardian   | east 18 years old. If the undersigned has not reached n signature.   |
| Applicant's Signature  | Date   |
| Parent/Guardian Signature  | (if necessary) Date  |
| All complete scholership applications must be  | a received by the Scholenship Committee no leter there   |

All complete scholarship applications must be received by the Scholarship Committee no later than Jan 31, 2017. Please submit a completed application, transcript, recommendations, and either a 60-second video or 500 word essay. You can complete the application and upload documentation online at idmyway.com. A PDF of the application is also available online and can be printed and mailed, along with your documentation and video/essay to: Abri Credit Union, Attn: Scholarship Committee, 1350 W. Renwick Rd., Romeoville, IL 60446.

Thank you for applying for Abri Credit Union's Scholarship Program. We will contact you by Feb 20, 2017 if you have been awarded a \$1,000 scholarship.