



# MIDWEST MEMBERS *Credit Union*

## SCHOLARSHIP APPLICATION 2024

**Applicant's Full Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone No.** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Account Number** \_\_\_\_\_

*\*\*\* (Applicant must be a member or their parents must be a member of Midwest Members Credit Union for a minimum of 3 months prior to applying) (If applicant is not a member, they will need to become a member by April 1<sup>st</sup> to receive scholarship if selected) \*\*\**

**Name of High School** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone No.** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Graduation Date** \_\_\_\_\_ **Cumulative Grade Point Average** \_\_\_\_\_

**Name of College/University/Trade School you plan to attend** \_\_\_\_\_

\_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone No.** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Course of Study** \_\_\_\_\_ **Number of years** \_\_\_\_\_

**Family Information:**

**Parent(s)** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Honors and Awards \_\_\_\_\_

Positions of Leadership \_\_\_\_\_

\*Extracurricular Activities \_\_\_\_\_

\*Community Service \_\_\_\_\_

\*Attach separate sheet if needed\*

Employment History \_\_\_\_\_

Please attach the following:

1. An essay containing 500-1,000 words describing yourself, volunteer hours, your college plans and your future goals, respectively.
2. Proof of continuing education (acceptance to college) is required.
3. One letter of reference from a teacher, administrator or other person affiliated with the high school.
4. A copy of your grades from your senior year or your current year in college, showing your cumulative grade point average.

### Certification and Release Authorization

I certify this information is true, complete, and accurate and I authorize release of this information to confirm and/or verify this application. I recognize that all entries become the property of Midwest Members Credit Union and that it may be published as deemed appropriate.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Application To: **MMCU Scholarship Program**  
**101 Wesley Dr.**  
**P.O. Box 619**  
**Wood River, IL 62095**  
**(618) 254-0605.**

\*\*Deadline 04/01/2024 5:00pm

**Office use only:** \_\_\_\_\_