



MIDWEST MEMBERS *Credit Union*

SCHOLARSHIP APPLICATION 2022

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 1st 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 and Community Service _____

Employment History _____

Please attach the following:

1. An essay containing 500-1,000 words describing yourself, volunteer hrs, 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 04/01/2022 5:00pm

Office use only: _____