



BANKING ON YOU™

2019 SCHOLARSHIP APPLICATION

Tigers 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 | 4. Curriculum | 7. Two recommendations |
| 2. Essay | 5. GPA | • <i>Personal</i> |
| 3. ACT/SAT composite scores | 6. Extracurricular activities | • <i>School</i> |

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.

• **Send to:**

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

Or e-mail to:

Lori Hudson
LHudson@tigerscu.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@tigerscu.org.

Tigers Credit Union is the Columbia, Missouri division of West Community Credit Union. Students applying for this scholarship are not eligible for any other West Community Credit Union/Tigers Community Credit Union scholarships. West Community Credit Union/Tigers Community Credit Union staff, volunteers and their family members are not eligible.

(1 of 6)

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

(2 of 6)

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 _____ (4 of 6)

2019 Scholarship Application *Personal Recommendation*



The student listed below is applying for a Tigers 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:

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

 or email to: LHudson@tigerscu.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)*

2019 Scholarship Application *School Recommendation*



The student listed below is applying for a Tigers 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:

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ATTN: Lori Hudson
4161 Highway K
O'Fallon, MO 63368
or email to: LHudson@tigerscu.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)*
