



APPLICATION FOR SCHOLARSHIP

Please read and complete this form carefully. Grants will be made on the basis of academic excellence, extracurricular activities, community service, financial need, and **completeness** of the application. Applicants must be a member of the Credit Union at the time of application, otherwise they will not be considered for our scholarship. Please see attached Field of Membership for MACCU membership requirements. Information on this application will be kept strictly confidential.

1. Name of Applicant: _____

2. Home Address: _____

3. Date of Birth: _____

4. Full Name of Parent or Guardian:

Father/Guardian _____ Mother/Guardian _____

Occupation _____ Occupation _____

Adjusted Gross _____ Adjusted Gross _____
Income per IRS 1040 Income per IRS 1040

5. Name and age of siblings living at home or attending an institution of higher education for at least two years.

6. Name of college or university you plan to attend and its annual tuition.
_____ \$ _____

7. Have you applied for or received any student aide toward your college education? If so, from whom, when, and what amounts?

8. Have you earned anything by your own efforts toward your college education? If so, please identify means and amounts.

9. List extracurricular and/or community service activities in which you have been involved.

10. Please have your high school submit a transcript of your academic record.

11. Please submit a recommendation from at least one faculty member or administrator.

12. Please type a short essay (not to exceed 250 words) stating why you desire this scholarship and your goals beyond high school.

Please return **completed** scholarship application by May 3, 2021 to:

Members Advantage Community Credit Union
Attn: Scholarship Committee
P.O. Box 8366
Brattleboro, VT 05304