



haynes
Community Credit Union

SCHOLARSHIP APPLICATION

ACADEMIC YEAR 2019-2020

Name of Applicant: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Other: _____
Email: _____
High School: _____
*Grade Point Average: _____ SAT Total Score and/or ACT total Score: _____
Honors, Awards, and Activities: _____
Community Services: _____

***Required: A copy of most current grade card and proof of SAT and/or ACT scores must be attached with scholarship application, if not scholarship will be denied!**

Where do you plan to attend college? _____
What do you plan to study? _____
List past and/or current work experience: _____

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Attach to this application:  
A brief essay on: What you would like to see in your financial institution (services and/or products). Also, on a separate sheet explain why you chose the course of study that you have indicated. You may include any information that you feel may be helpful to the Scholarship Committee.  
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Only High School Seniors May Apply
Application must be post marked no later than January 24, 2020 and mailed to:
Haynes Community Federal Credit Union
Attention: Scholarship Committee
P.O. Box 2148
Kokomo, Indiana 46904-2148

Applicants must be a member at the time the application is submitted to be considered for a scholarship.
Scholarship will not be funded until proof of acceptance at an accredited college has been received.
By signing this application, I verify that to my knowledge, I am not related to any of the members of the Scholarship Committee and that I will attend an approved College or University. To the best of my knowledge the answers and information supplied in this application are true and accurate. I consent to the committee verifying any information supplied.

Signature of Applicant

Date Signed

All scholarships are reviewed without names being revealed to the committee.
ALL DECISIONS ARE FINAL!