



503.232.8070 | 800.444.8115
www.consolidatedccu.com

2018

SCHOLARSHIP APPLICATION

A Privately Funded Scholarship Program

ELIGIBILITY REQUIREMENTS:

The applicant must be a member and/or related to a member of Consolidated Community Credit Union. To qualify you must be a graduating high school senior or a recent graduate who will be enrolled full-time as an incoming Freshman. Applicant must also have a minimum 3.00 GPA. Family members of CCCU employees or officials are not eligible to apply.

Eligible institutions include any public or private accredited two or four year institutions for post-secondary education.

DEADLINE:

May 4, 2018

All applications must be postmarked no later than May 4, 2018. Winners will be notified by June 15, 2018. Please contact CCCU at 503.232.8070 with any questions.

RETURN APPLICATIONS TO:

Consolidated Community Credit Union
Attn: Scholarship Committee
1033 NE 6th Ave.
Portland, OR 97232

REQUIRED DOCUMENTATION:

Transcripts

Enclose your most recent semester transcripts showing GPA and ACT/SAT scores. If aptitude scores are unavailable, include documentation of PSAT scores.

Financial Information

Copies of current US Income Tax Returns for you and your parents.
This information will be strictly confidential.

IN ORDER TO PROVIDE ACCURACY, PLEASE PRINT LEGIBLY.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

I am a: US Citizen Permanent Resident Alien Neither

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home Cell

Parent's Name: _____

Parent's Address: _____

City: _____ State: _____ Zip: _____

Parent's Phone Number: _____ Work Cell

Are you a member of Consolidated Community Credit Union?: Yes No

Are you a relative of a Consolidated Community Credit Union member?: Yes No

Member Name: _____ Relationship: _____

Employer Group Affiliation (if any): _____

EDUCATION INFORMATION

High School Name: _____

City: _____ State: _____ County: _____

Are you a graduating senior? Yes No What year did you graduate?: _____

High School GPA: _____

SAT Verbal Scores: _____ If SAT or ACT scores are unavailable, please provide

SAT Math Scores: _____ PSAT Scores: _____

ACT Composite Score: _____

What college/vocational school will you attend?: _____

City: _____ State: _____

Student ID Number: _____

Financial Aid Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Financial Aid Office Phone Number: _____

What are your anticipated/actual fields of study?

Major: _____ Minor: _____

Expected graduation date from college/vocational school: _____ / _____ (Month/Year)

What degree will you earn?: _____

Indicate the academic period you plan to start:

Fall quarter/semester

Winter quarter/semester

Spring quarter/semester

Summer quarter/semester

List any scholarships, fellowships, or tuition and fee waivers that you **will receive** during the upcoming academic year:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

List all colleges/vocational schools you have previously attended:

School: _____

City/State: _____

Year(s) Attended: _____ Courses Taken: _____

School: _____

City/State: _____

Year(s) Attended: _____ Courses Taken: _____

ACTIVITIES

List your most significant high school activities, leadership roles and achievements (awards & recognition) including dates of involvement:

List community activities and work experience including dates of involvement:

Describe your educational, career and personal goals. If you win this award, how will it help you attain these goals? (If you need additional space, please attach another page):

CERTIFICATION

I certify that all information that I have provided on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information on this application. I understand that the scholarship selection committee may review information provided on this application including my transcripts and my need for financial assistance based on current US Income Taxes. If selected to receive a scholarship, I give permission for a publicity release and agree to become a member of CCCU, if not already an existing member.

Signature of Applicant

Date
