



503.232.8070 | 800.444.8115  
www.consolidatedccu.com

2020

## 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, 2020**

All applications must be postmarked no later than May 4, 2020. Winners will be notified by June 22, 2020. Please contact CCCU at 503.232.8070 with any questions.

### RETURN APPLICATIONS TO:

Consolidated Community Credit Union  
Attn: Scholarship Committee  
1033 NE 6<sup>th</sup> 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

---