



SCHOLARSHIP APPLICATION 2022

A Privately Funded Scholarship Program

www.consolidatedccu.com | 503.232.8070 | 800.444.8115

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: July 31, 2022

All applications must be postmarked no later than July 31, 2022. Winners will be notified by August 15, 2022. Please contact us at 503.232.8070 if you have 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.



STUDENT INFORMATION

Full Name (First, Middle, Last): _____

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

I am a: US Citizen Permanent Resident Alien Neither Phone Number: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent Full Name (First, Middle, Last): _____

Are you a member of CCCU? Yes No Are you a relative of a CCCU member? Yes No

Member Name: _____ Relationship: _____

Employer Group Affiliation (if any): _____

HIGH SCHOOL INFORMATION:

High School Name: _____

City: _____ State: _____ Zip: _____

Are you a graduating senior? Yes No Graduation Date: _____

High School GPA: _____ SAT Verbal Scores: _____ SAT Math Scores: _____

ACT Composite Score: _____ **If SAT or ACT scores are unavailable, please provide PSAT scores.*

COLLEGE INFORMATION:

What College/Vocational School will you attend? _____

City: _____ State: _____ Zip: _____

Student ID Number: _____ Financial Aid Phone Number: _____

Financial Aid Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Anticipated or Actual Field of Study

Major: _____ Minor: _____

Anticipated Degree: _____

Financial Graduation Date from College or Vocational School: _____

Academic quarter/semester you plan to start: Fall Winter Spring Summer

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

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

List all colleges you have previously attended: Not Applicable

School Name: _____

City: _____ State: _____ Zip: _____

Years Attended: _____ Courses Taken: _____

School Name: _____

City: _____ State: _____ Zip: _____

Years Attended: _____ Courses Taken: _____

ACTIVITIES & ACHIEVEMENTS

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



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COMMUNITY ACTIVITIES & WORK EXPERIENCE

List community activities and work experience including dates of involvement:



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EDUCATIONAL & CAREER GOALS

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):



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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.

X

APPLICANT SIGNATURE

DATE



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