



# SCHOLARSHIP APPLICATION 2026

*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 or Providence 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. CCCU or PCU family members, 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, 2026

All applications must be postmarked no later than July 31, 2026. Winners will be notified by September 11, 2026. 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/PCU?  Yes  No Are you a relative of a CCCU/PCU 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: \_\_\_\_\_





## 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

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APPLICANT SIGNATURE

DATE



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