

Scholarship Application

The purpose of Integra First Federal Credit Union's scholarship is to recognize and assist members in the achievement of their educational potential.

- ◆ **APPLICANT QUALIFICATIONS:**
 - a.) Must be **High School Senior** at the time application is submitted
 - b.) Must obtain his/her **School Counselor's** signature verifying enrollment in present high school and verifying GPA
 - c.) Must have **GPA of 2.0** or higher
 - d.) Must **Be a Member** (or reside in a household with parent or guardian that is a member) in good standing at Integra First Federal Credit Union, with an account established a minimum of six (6) months prior to submitting an application.
 - e.) Must sign and complete the enclosed **Release**

- ◆ **SELECTION COMMITTEE:** The Integra First Federal Credit Union Scholarship Selection Committee will review all applications anonymously and make selections based upon qualifications and information provided.

- ◆ **PAYMENT OF FUNDS:** Integra First Federal Credit Union will make payment to the college indicated on the application upon receiving proof of registration and enrollment.

Mail or drop off your typed completed application to any one of our credit union offices:

Integra First Federal Credit Union
ATTENTION: Scholarship Committee
P.O. Box 433 - W300 Co Rd G12
Stephenson MI 49887

Integra First Federal Credit Union
ATTENTION: Scholarship Committee
PO Box 430 – 2600 10th St.
Menominee MI 49858

Integra First Federal Credit Union
ATTENTION: Scholarship Committee
P.O. Box 604 – W3803 US Highway 2/41
Powers MI 49874

All completed applications with supporting documentation must be received at Integra First Federal Credit Union no later than **March 31, 2026.**

Scholarship Application

1. Are you a member of the credit union? Yes No
2. Is your parent/guardian you reside with a member of the credit union? Yes No
3. Applicant's Name: _____ Age: _____
4. Address: _____
5. Home & Cell Phone: _____
6. Email: _____
7. High School: _____
8. If your parent/guardian that you reside with is a member of Integra First Federal Credit Union, please print his/her first and last name:

9. Please print your parent/guardian's phone number:

I hereby certify all information I provided in this application is true and complete.

Signature: _____

Date: _____

Application Number (Credit Union Use Only):

College/University/Vocational School attending in the Fall:

GPA Score:

High School Counselor's Signature:

Extracurricular Activities:

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Community Service Activities:

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Work Experience:

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Application Number (Credit Union Use Only):

ESSAY: 2 part essay, minimum 250 words, typed please

Part 1: Educational Goals:

Part 2: State at least 2 life objectives (excluding: good job, anticipated income, or future family goals):

Scholarship recipients will be notified by May 29, 2026.

Application Number (Credit Union Use Only):

NAME, PHOTOGRAPH, AND /OR TESTIMONIAL RELEASE

I, (name): _____

Residing at (address): _____

Do hereby authorize and give full consent to INTEGRA FIRST FEDERAL CREDIT UNION and its successors and assigns to copyright, publish, and/or display my name and/or photograph and/or testimonial for any and all exhibitions, public displays, publications, commercial art and advertising purposes, without limitation or reservation or any compensation other than that receipt which is hereby acknowledged.

Permission is granted to use all or part of said testimonial and to edit the testimonial as necessary.

Date: _____

Signature: _____

Witness: _____

If applicant is UNDER eighteen years of age, parent or guardian must sign below.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Witness: _____

Dated: _____

All applications, releases and essays will become property of Integra First Federal Credit Union.