

Scholarship Application

The purpose of Integra First Federal Credit Union's scholarship is to recognize and assist members in the achievement of their educational and citizenship potential. Accordingly, \$1,500.00 scholarships will be awarded.

- ◆ **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**
- ◆ **INELIGIBLE:** Members of Integra First Federal Credit Union Board of Directors, Committee Members, Employees and their immediate family members or legal wards are not eligible for scholarships
- ◆ **SELECTION COMMITTEE:** The Integra First Federal Credit Union Scholarship Selection Committee will review all applications and make selections based upon qualifications and information provided.
- ◆ **PAYMENT OF FUNDS:** Integra First Federal Credit Union will make payment directly to the institution of learning 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
2600 10th Street
Menominee MI 49858

Integra First Federal Credit Union
ATTENTION: Scholarship Committee
P.O. Box 604
Powers MI 49874

All completed applications with supporting documentation must be received at Integra First Federal Credit Union no later than

Tuesday March 31, 2020

Application

Applicant or Family Member's Credit Union Number

Applicant's Name _____ Age _____

Address _____ Home Phone# _____

City _____ State _____ Zip _____

High School _____

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

Signature _____ *Date:* _____

Applicant or Family Member's Credit Union Number

College/ University/ /Vocational School attending in the fall:

GPA SCORE _____ COUNSELOR'S SIGNATURE _____

EXTRA CURRICULAR ACTIVITIES

COMMUNITY SERVICE ACTIVITIES

WORK EXPERIENCE

NAME, PHOTOGRAPH, AND /OR TESTIMONIAL RELEASE

I, (name)

Residing at:

City/state and zip:

Social Security #:

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.

DATED: _____

SIGNATURE: _____

Witness: _____

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

Signature of parent/guardian

Witness: _____ **Dated:** _____

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