

COLORAMO FEDERAL CREDIT UNION

SCHOLARSHIP PROGRAM APPLICATION

DUE MARCH 31

Thank you for your interest in the Coloramo Federal Credit Union Scholarship Program. This year we are offering a \$1000 scholarship to a deserving student who has decided to pursue higher education in accredited post-secondary institutions.

To be eligible for consideration, applicants must:

1. Be an active member of Coloramo Federal Credit Union.
2. Demonstrate need for financial assistance in furthering his/her education. Criteria will include student income, family contribution, other scholarships and/or grants.
3. Demonstrate through academic records the capability and desire for advanced education. The criteria for evaluation will be high school or college transcripts, including grade point average and class ranking. Applicants must have maintained a minimum grade point average of 2.0 on a 4.0 scale.
4. Need not be in the current graduating class of high school seniors, but must have been accepted as a student at an eligible college/ trade school in a degree granting program.

Applications:

1. Will be evaluated by the Coloramo Federal Credit Union Scholarship Selection Committee. Decisions of the Selection Committee shall be considered final.
2. Once completed and signed, should be sent with all requested items (application, transcripts and letters of acceptance) together in one package.
3. Will not receive consideration if incomplete, if documentation is missing, or if documentation arrives in separate mailings. Typewritten applications or NEATLY handwritten applications will be considered.
4. May be submitted at any time, but must be postmarked no later than March 31 if mailed.
5. Winner will be notified on, or before, April 20th. Non-winners will not be notified.

Disbursements:

1. Funds shall be paid to the eligible school upon receipt of billing in favor of the scholarship.
2. Funds shall be equally divided between Fall and Spring Semesters in order to be of assistance throughout the entire year.
3. No funds shall be disbursed directly to the recipient.
4. Funds not used by a recipient during the award year at their school will be forfeited and revert to Coloramo Federal Credit Union.

For questions, contact: Katie Turley
SVP of Marketing
kturley@coloramo.org
(970) 243-7280, ext. 719

COLORAMO SCHOLARSHIP APPLICATION

Please complete this application (PRINT NEATLY OR TYPE) as accurately as possible and return it to the Scholarship Selection Committee by mail: 516 28 Rd, Grand Junction, CO 81501, postmarked on or before March 31, OR by email: info@coloramo.org.

STEP 1 - GENERAL INFORMATION

Fill out all applicable information. Incomplete applications will not be considered.

Mr/Mrs/Miss/Ms _____ CFCU Account # _____

Home Address _____ City _____

State _____ ZIP Code _____ Email Address _____

Daytime Phone Number _____ Social Security Number _____

Date of Birth _____ Spouse/Parent's Name(s) _____

STEP 2 - FINANCIAL INFORMATION

Is this application based primarily on financial need? YES ___ NO ___

If YES, Explain _____

Do you have others dependent upon you for at least half their support? YES ___ NO ___

If YES, Number of Such Dependents _____ Are You Employed? YES ___ NO ___

If YES, Employer's Name _____

Number of hours per week _____ Approximate weekly income \$ _____

Are you presently receiving any financial aid? YES ___ NO ___

If YES, Explain:

Currently Receiving

PELL	\$ _____
Work Study	\$ _____
NDSL	\$ _____
GSL	\$ _____
CO Grant	\$ _____
CSIG	\$ _____
SEOG	\$ _____
_____	\$ _____
_____	\$ _____

Expect To Receive (Fall)

PELL	\$ _____
Work Study	\$ _____
NDSL	\$ _____
GSL	\$ _____
CO Grant	\$ _____
CSIG	\$ _____
SEOG	\$ _____
_____	\$ _____
_____	\$ _____

STEP 3 - SCHOOL ENROLLMENT

High School Attended _____ Graduation Date _____

City _____ State _____

Name of Post-Secondary School of Choice _____

Advisor Name _____ Advisor Phone _____

School Address _____ City _____

State _____ ZIP Code _____ Email Address _____

Enrollment Classification Freshman _____ Sophomore _____ Junior _____ Senior _____

Cumulative Hours at the End of Last Semester (if applicable) _____

Credit Hours Registered for and Completed Last Semester (if applicable) _____

Credit Hours Enrolled this Semester (if applicable) _____

Credit Hours You Expect to Enroll for Next Fall Semester _____

Area of Concentration (Major) _____

Degree You are Working Towards AAS _____ AC _____ BS _____ AA _____ BBA _____ Certificate _____

Do You Participate in School or Community Activities? YES ___ NO ___

If YES, Explain _____

What are Your Plans Following Graduation? _____

STEP 4 - GRADES/TRANSCRIPTS/LETTER OF ACCEPTANCE

Please attach high school or post-secondary school transcripts showing GPA (and class ranking, if applicable). Please also include an acceptance letter from your post-secondary school of choice.

STEP 5 - REASON FOR APPLICATION

Fully explain your reasons for applying, including need, academic achievement, and any other important reasons. Please attach additional sheet if necessary. _____

STEP 6 - CERTIFICATION

All of the information provided by me is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form if required. My signature certifies that all the information is complete, factually correct and honestly represented. Falsification of information on this application could jeopardize any assistance offered. The applicant understands that the application becomes the property of Coloramo Federal Credit Union upon submission.

Signature of Applicant: _____ **Date** _____

Signature of Parent/Guardian: _____ **Date** _____
(If applicable)

I hereby affirm that I intend to enter an accredited school of higher education. I understand that no scholarship funds shall be distributed until proof of enrollment is received. All funds will be directly payable to the school at which I will be enrolled. I also grant permission for the use of my name and information contained in my application to be used in any future publicity for the scholarship program.

Signature of Applicant: _____ **Date** _____

Signature of Parent/Guardian: _____ **Date** _____
(If applicable)

STEP 7 - CREDIT UNION AUTHORIZATION

FOR CREDIT UNION USE ONLY

I hereby certify that the following applicant is a member of our credit union and in good standing.

Name of Credit Union Official _____

Signature of Credit Union Official _____



Coloramo Federal Credit Union
516 28 Road, Grand Junction, CO 81501
Phone: (970) 243-7280
Email: info@coloramo.org