

FOR EFCU USE ONLY: DATE POSTMARKED OR RECEIVED AT BRANCH: _____



2024 STUDENT SCHOLARSHIP APPLICATION

ELIGIBILITY REQUIREMENTS:

- Student applicant must be or become a member of EFCU with an EFCU savings account prior to issuance of a scholarship.
- Applicant must be a high school graduate in **2024** with a minimum GPA of 3.0 in high school.
- High school transcripts will be required.
- Applicant must be a legal U.S. citizen or permanent legal resident.
- Acceptance required as a full-time student at an accredited institution: university, community college, trade school or vocational school. Written acceptance letter must be provided.
- Two (2) letters of recommendation from influencing adults: teacher, coach, counselor, community leader, employer, etc. must be included with application.
- Written essay no less than 300 words. Choose one of the following topics: 1) How do you foresee continued involvement in your community? 2) How do you define failure?
- Special consideration will be given to students who have been involved in extracurricular and/or community service activities.
- Applications and supporting documents must be received or postmarked by **5:30 p.m. on April 12, 2024.**

STUDENT CONTACT INFORMATION:

Applicant's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Your EFCU Account Number: _____

HIGH SCHOOL INFORMATION:

High School Name and Location: _____

Year of Graduation: _____

Grade Point Average: _____

Is your school grading system based upon a maximum of 4.0? Yes No

Expected Graduation Date: _____

INSTITUTION INFORMATION:

What college/university/vocational/trade school do you plan to attend? _____

Address: _____

City: _____ State: _____ Zip: _____

Have you been accepted as a full-time student? _____ Date Accepted: _____

FINANCIAL INFORMATION:

How do you plan to finance your schooling? _____

Have you received any other scholarships? Yes No

If you have been awarded scholarships, please name the organization and amount of scholarship below: _____

What are your occupational goals? _____

What are your life goals? _____

List any groups or organizations (outside of school) that you belonged to during high school (Youth Groups, Boy Scouts, Girl Scouts, Gymnastics, 4-H, etc.). Include the number of years you participated in these groups and a brief description of the activities of each group including any leadership roles you may have held. (Attach separate sheet if necessary)

Special Awards/Honors:

Involvement in school/community activities (attach separate sheet if necessary):

Employment History:

Where:

Dates of Employment:

Position:

Is there any additional information that you would like the Scholarship Committee to consider? (i.e., Are there any circumstances that may complicate financing your college education? Have you overcome any personal hardships? Do you feel that there is a good reason why you should be chosen over other students to receive this scholarship?)

CERTIFICATION BY APPLICANT:

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I meet the eligibility requirements of EFCU for this scholarship, and I understand that my submission of an application and/or meeting eligibility criteria does not guarantee that I will receive a scholarship. I grant my permission to release school records to the EFCU Scholarship Committee.

Student Signature: _____ Date: _____

If applicant is under 18 years of age, signature of parent or guardian is required:

Parent Signature: _____ Date: _____

SELECTION PROCESS:

All complete applications will be reviewed by volunteer members of EFCU’s Student Scholarship Committee and Board of Directors and awards will be determined in a fair and consistent manner. EFCU does not discriminate on the basis of age, gender, marital status, race, religion, national origin, sexual orientation or disability. Employees and volunteers of EFCU and their family members are eligible to apply. All application information will be kept strictly confidential.

INCLUDE THESE DOCUMENTS WITH YOUR APPLICATION:

1. Official copy of your high school transcripts (and any post-high school transcripts, if applicable).
2. Copy of your Acceptance Letter as a full-time student to an accredited institution of higher learning: university, community college, trade school, or vocational school.
3. Written essay no less than 300 words discussing one of the following topics, ‘how do you foresee continued involvement in your community?’ or, ‘how do you define failure?’
4. Two (2) Letters of Recommendation.
5. Authorization Release (if applicable, see form and instructions below)

APPLICATION DEADLINE: April 12, 2024 at 5:30 p.m.

Submit application and documents as outlined above to:

EFCU, Scholarship Committee, 2397 Mountain City Hwy., Elko, NV 89801. If you have questions, please call (775) 738-4083. Application must be postmarked or received by EFCU or your school guidance counselor no later than **April 12, 2024 at 5:30 p.m.** Late or incomplete applications will be disqualified.

***Applications and supporting documents may be emailed to scholarships@elkofcu.org**

The scholarship will be paid directly to the educational institution, at the discretion of EFCU

AUTHORIZATION RELEASE:

If you are selected to receive this scholarship award, we would like to recognize your accomplishment by featuring you in our credit union internal and external communications. We will contact scholarship winners to request a photo, **you do not need to include one with this application**. Winners may also submit a short video describing what the scholarship meant to them. Photos and/or videos will become the property of EFCU and will not be returned.

If you would like to be featured as one of our scholarship winners, please sign the Consent form below.

Being featured as one of our scholarship winners is ***optional*** and will not affect your eligibility for a scholarship award. If you do not wish to have your photo and/or video included in our announcements, you do not need to complete this form:

CONSENT TO USE NAME, PHOTOGRAPH, VIDEO, FILM VOICE ON RADIO, TELEVISION, PRINT AND INTERACTIVE MEDIA

Date: _____

I, _____,

the undersigned, do hereby fully and freely consent to the use by EFCU of my name, photograph(s), and/or silent and sound film or video for the use and re-use in conjunction with broadcasting, web communications, publicizing and advertising for EFCU. I further grant EFCU the right to use and license others to use and reuse the above cited material in the same manner.

Signature: _____

Signature of Witness or Parent or Guardian, if under 18 years of age: _____