



METHUEN
CREDIT
UNION

Here for you the first time, every time, for a lifetime.

248 Broadway, P.O.Box 295 Methuen, Ma 01844
Tel. # 978-686-1471 Fax 978-686-2627

2021 COLLEGE SCHOLARSHIP APPLICATION

Reminder: Please submit the following information to your sponsoring credit union.

- 1) **Completed** application (*complete application in black ink*)
- 2) Academic transcript.
- 3) In 250 words or less, please write an essay about a person or event that has been an inspiration to you and how it has affected you and your outlook on life

All of these pieces are essential for consideration of your application. Failure to submit any of these pieces or incomplete submissions will result in disqualification of your application.

Credit Union Name _____

Student Name Mr. Ms. _____ Telephone No. _____

Street Address _____

City, State, Zip _____

Credit union member (*please check one or both*) applicant parent/guardian

Are you employed? Yes. No How many hours? _____

List extracurricular activities, community service and part-time employment (*attach additional sheet if necessary*):

List the names of colleges that you have applied to and accepted into as of application date:

_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Accepted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Student Signature _____ Date _____

Parent/Guardian Signature _____