



Montana Health Federal Credit Union

Scholarship Application

1. Three Montana Health Federal Credit Union Scholarship awards will be made in the amount of \$1,000.00 each.
2. The applicant must be a member of the Montana Health Federal Credit Union.
3. This application form is available at your Credit Union or online at www.MontanaHealthFCU.org. Completed applications and all required documents must be returned to the credit union by **APRIL 1st, 2010**. The scholarships will be awarded at the May meeting of the Midland Empire Chapter of Credit Unions.
4. The following items must be included with the application:
 - Completed and signed application form
 - Two letters of recommendation
 - Traditional students' recommendations must come from a member of the school faculty who is acquainted with the applicant, and one from an individual outside of school (not a relative)
 - Non Traditional students' recommendations must come from non-relatives who can attest to your character and to your desire to continue your education. If you are currently enrolled in a school, one letter should be from a faculty member.
 - A copy of your most recent school grade transcript
 - A brief letter, not to exceed 300 words, addressing the following:
 - Your need for a scholarship and how a scholarship would benefit you.
 - A statement of your educational goals.
 - Include any additional information you would like the scholarship committee to consider
 - A photo of the scholarship applicant for publicity purposes if the applicant is awarded a scholarship
 - ***Missing items will cause the application to be removed from consideration. Late applications will not be accepted.***

If you are applying for both the Montana Health FCU scholarship and the Midland Empire Chapter of Credit Unions scholarship, please complete *only* the Midland Empire Chapter application. You may submit a photocopy of your completed Chapter application along with photocopies of all the application materials to Montana Health FCU.

PARENTAL INFORMATION – TRADITIONAL STUDENT

Complete this section if you are **under** 21 years of age

Father _____ (Name) Mother _____ (Name)

Address _____ Address _____

Occupation _____

If married, spouse _____ (Name)

Spouse's occupation _____

Your children and ages _____

EDUCATIONAL EXPERIENCE

Name of high school _____ Graduation Date _____

If currently attending a post secondary institution, please name:

HONORS AND ACTIVITIES
(Use an additional sheet if necessary.)

Scholastic honors _____

School activities _____

Out of school activities _____

(Go to last section of page 4)

INFORMATION – NON-TRADITIONAL STUDENT

Complete this section if you are **over** 21 years of age

Spouse's Name _____

Spouse's Address _____

Spouse's Occupation _____

Children and ages _____

COMMUNITY INVOLVEMENT

List and indicate years of involvement in activities, clubs, organizations or community projects:

WORK EXPERIENCE

List your work experience, current and prior: _____

BOTH TRADITIONAL AND NON-TRADITIONAL APPLICANTS MUST SIGN THIS SECTION

To the best of my knowledge the information furnished in this application is correct. If awarded a scholarship, I authorize Montana Health Federal Credit Union and/or Midland Empire Chapter of Credit Unions to use the photo for media publishing.

APPLICANT'S SIGNATURE _____ DATE _____

ALL APPLICATIONS MUST BE RECEIVED ON OR BEFORE APRIL 1, 2010. NO LATE APPLICATIONS WILL BE ACCEPTED OR CONSIDERED.