



Dear Member,

Leominster Credit Union, on behalf of the Cooperative Credit Union Association, Inc., is pleased to announce the 2019 College Scholarship Program. College bound students have the opportunity to be the recipient of one of six (6) \$1,500 scholarships being awarded in 2019. Below please find important information on eligibility requirements and pertinent information for those submitting an application.

**Eligibility Requirements:**

1. Eligibility is limited to high school seniors who will be enrolled in an undergraduate college degree program during the 2019-2020 academic year.
2. Applicant or parent/guardian must be a member of Leominster Credit Union.
3. Each applicant must complete a current Association scholarship application form and submit it with the required documents by **February 15, 2019** to:

Kelli Rooney, VP/Marketing  
Leominster Credit Union  
20 Adams Street  
Leominster, MA 01453

Students **must** submit the following items with their completed applications. **All items requested must be received in order for the application to qualify for consideration:**

- Completed Application Form (below)
- A typewritten essay, in 250 words or less, about “a person or event that has been an inspiration to you and how it has affected you and your outlook on life”
- An Academic transcript of grades

If you have any questions or need additional information, please contact Kelli Rooney at 978-466-7244 or email [marketing@leominstercu.com](mailto:marketing@leominstercu.com).

Best of luck to all our applicants.

# Massachusetts Credit Unions



*Creating Cooperative Power*

## 2019 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*):

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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 \_\_\_\_\_