United Credit Union



2024 Scholarship Form (Please Type)

Please fill in ALL fields or the application will be considered incomplete.

		Personal Information		
Full Name:				
	Last	First		M.I.
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:		Alternate Phone:		
Email:				
Parent/Guardian Name:				
	Evt	ra-Curricular School Activities		
	EXU	ra-curricular School Activities		
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	Out of Sobor	al Activitica (Cluba Churah W	ork oto)	
	Out of School	ol Activities (Clubs, Church, W	ork, etc.)	
-				
In a ma	ximum of 25 word	s, describe what United Credit	Union m	eans to you.
		•		•
-				
In a max	imum of 25 words	, describe how you have partio United Credit Union.	ipated as	a member of
		Officea Creat Offich.		

Please list the name and location of the institution you are planning to attend.			
What field of study are you planning to pursue?			
By signing below, I further agree that if I am awarded a scholarship, United Credit Union has my permission to publish my name in print, radio and other forms of media.			
Signature:			

Please attach a copy of your high school transcript and ACT score

All scholarship applications must be returned to United Credit Union no later than April 1, 2024. If you would like to email the application, please send to marketing@unitedcu.org. If you are mailing the application, please mail to:

United Credit Union

Attn: Marketing Department

P.O. Box 858 Mexico, MO 65265