

2025 Scholarship Form (Please Type)

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

Personal Information					
Full Name:					
	Last		First		М.І.
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Home Phone:		Alternate Ph	one:		
Email: Parent/Guardian					
Name:					
	Ext	tra-Curricular School	Activities		
	Out of Scho	ol Activities (Clubs, (Church Wo	vrk otc)	
		of Activities (Olubs, V		nk, etc.)	
In a ma	iximum of 25 word	ds, describe what Un	ited Credit	Union mea	ans to you.
In a max	imum of 25 words	s, describe how you l	have nartici	nated as a	member of
mamax		United Credit Uni	ion.		

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:

Date:

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 <u>marketing@unitedcu.org</u>. If you are mailing the application, please mail to:

United Credit Union

Attn: Marketing Dept

P.O. Box 858

Mexico, MO 65265