

APPLICATION
FOR
MOUNTAIN CREDIT UNION
SCHOLARSHIP

Complete this application accurately and completely and return it to Mountain Credit Union prior to **Friday, February 26, 2010.**

MEMBER NUMBER: _____

NAME: _____

ADDRESS: _____
Street Address City, State, Zip

Telephone number where you can be reached: _____

College you are enrolled in or will be attending for the following school year:

ADDRESS: _____

PROGRAM OF STUDY: _____

HOW LONG HAVE YOU ATTENDED? _____

CURRENT GRADE POINT AVERAGE: _____

ARE YOU A FULL-TIME STUDENT? _____

NUMBER OF HOURS ENROLLED: _____

The above information is correct to the best of my knowledge. I authorize the officials of _____ College to release my academic records to _____
(Enter name of your school.)
Mountain Credit Union if I am selected as the winner of this scholarship.

(Applicant's Signature)

(Date)

The applicant listed above is a member in good standing of Mountain Credit Union.

(Signature of MCU Official)

(Date)