



High School Credit Union Scholarship Application



PERSONAL DATA

Name: _____
Last First M.I. Birthdate Gesa Account Number

Address: _____
Street City State Zip

Telephone: _____ E-mail Address: _____

Mark Appropriate Box

Name of High School: _____ Cumulative GPA (4.0 Scale): _____

Other (GED, Home School, etc): _____

SCHOLARSHIP USE

Where do you plan to attend school? _____

Please list below any activities in which you are currently active or have been active during the past four years.
(If more, attach additional sheet.)

EMPLOYMENT BACKGROUND

1. Current Employment: _____ Dates (From) _____ (To) _____

2. Previous Employment: _____ Dates (From) _____ (To) _____

3. Previous Employment: _____ Dates (From) _____ (To) _____

COMMUNITY SERVICE

1. Organization: _____ Dates (From) _____ (To) _____

Service Provided: _____ Total Hours of Service Given _____

2. Organization: _____ Dates (From) _____ (To) _____

Service Provided: _____ Total Hours of Service Given _____

SCHOOL ACTIVITIES

1. Activity: _____ Dates (From) _____ (To) _____

Awards or Accomplishments: _____

2. Activity: _____ Dates (From) _____ (To) _____

Awards or Accomplishments: _____

Did you participate in Gesa's High School Credit Union Program as a Student Teller or Intern? Yes No

If yes, list school year(s): _____

LEADERSHIP ROLES

1. Title: _____ Dates (From) _____ (To) _____

Responsibilities: _____

2. Title: _____ Dates (From) _____ (To) _____

Responsibilities: _____



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FINANCIAL DATA

of Persons in Household _____

Total Gross Annual Combined Household Income _____

If you have extraordinary financial obligations that will impact the use of your income for funding the upcoming school year, please include this information in your attached cover letter.

Have you been awarded financial assistance for your upcoming school year from any other source?

If yes, please list the source(s) below:

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

SUBMITTING YOUR APPLICATION

Scholarship applications must be received no later than **February 28 of each year**. Gesa is not responsible for lost or misdirected applications. Incomplete submissions will not be considered. **Scholarship packages must include the following:**

1. Completed Gesa Credit Union scholarship application.
2. Cover letter addressing educational goals, future career plans, financial need, and other information the committee might find valuable in evaluating the application.
3. An unofficial high school transcript, complete through the last grading period.
4. Two letters of recommendation from high school officials, current/past employers, or a clergy member. Both letters cannot be from school teachers, applicant must have a letter from another source.

I affirm that the confidential information provided in this application is true and complete to the best of my knowledge by:

Signature: _____ Date: _____