



# Continued Education 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 Attended: \_\_\_\_\_ Cumulative GPA (4.0 Scale): \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other (GED, Home School, etc): \_\_\_\_\_

## SCHOLARSHIP USE

Where do you plan to attend school? \_\_\_\_\_

Currently attending?  Yes  No  Re-enrolling for fall Current GPA (4.0 Scale): \_\_\_\_\_

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: \_\_\_\_\_



# Continued Education Scholarship Application



## 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 official high school transcript and a college/university transcript, complete through the last grading period.
4. Two letters of recommendation from high school or college officials, current/past employers or a clergy member. Both letters cannot be from school teachers, you must have a letter from another source.
5. Current resume.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_