

FIRST CHOICE AMERICA

COMMUNITY FEDERAL CREDIT UNION



“People Helping People” Scholarship

GUIDELINES and APPLICATION

3501 MAIN STREET ♦ P.O. BOX 762 COVE STATION ♦ WEIRTON, WV 26062
TELEPHONE: 800-427-4835 or 304-748-8600
www.firstchoiceamericacu.org

FIRST CHOICE AMERICA COMMUNITY FEDERAL CREDIT UNION

“People Helping People” Scholarship Guidelines

1. All applicants **must be a member** of the First Choice America Community Federal Credit Union for at least **six (6) months** prior to application and be a member in good standing.*
2. All applicants must be a high school senior, graduate, or its equivalent. Applications need not be for first-year students only and may be for any accredited college, university, or trade school within the United States.
3. All applicants must submit the current written high school and/or college transcript **certified by the school**. All fees associated with obtaining these transcripts are the responsibility of the applicant, and will not be reimbursed by the Credit Union. Certified transcripts may also be submitted electronically but **must be done directly by the school to First Choice America CFCU**. Please contact the Credit Union for the current email address where it may be sent.
4. Please submit **only** requested information at the time of application. Pictures and letters of recommendation will not be accepted or returned at credit union expense.
5. All scholarships awarded will be made payable to the school that the recipient(s) will be attending. Verification of recipient's acceptance by the school will be requested by the Credit Union and provided by the student before any checks are issued.
6. Applications must be submitted on an annual basis and will be awarded annually. Previous recipients are eligible to apply and are subject to the same criteria as other applicants.
7. The amount of each scholarship is One Thousand Dollars (\$1000.00). Recipients must reimburse the Credit Union if the recipient does not complete studies for the school year in which it was awarded. Verification of completion from the school must be provided by the student to the Credit Union at the end of the school year.
8. All applications and required information must be addressed to First Choice America Community Federal Credit Union, 3501 Main Street, Weirton, WV 26062 **and postmarked on or before February 29th, or if hand-delivered, be in the Credit Union's possession by the close of business on February 29th**.
9. The recipient(s) will be selected by a third party that shall not be comprised of any employee or official of the First Choice America Community Federal Credit Union. All decisions are final.
10. Officials and staff of the First Choice America Federal Credit Union and those residing in the same household are ineligible.
11. The recipient(s) of the scholarship(s) will be announced by July 1.
12. Recipients will be required to provide wallet-size photographs for publicity purposes as well as other requested information within four (4) weeks of notification of your selection as a recipient. Otherwise, the scholarship may be rescinded and awarded to an alternate.
13. By signing this application, if selected as a recipient, you consent to the use of your name, image, comments, statements and remarks in announcements or publications selected by the Credit Union. You also acknowledge that no compensation will be paid and that all publication rights become the sole property of the Credit Union and at its sole discretion, whether and when to utilize the publication rights granted.
14. The First Choice America Community Federal Credit Union does not discriminate on the basis of race, color, creed, national origin, or sex.
15. The First Choice America Community Federal Credit Union reserves the right to amend or delete criteria as it sees fit, including but not limited to the right to reject applications submitted, extend the application period and terminate the program.

*All applicants will be declared ineligible if they are not a member in good standing and do not have an active account.

First Choice America Community Federal Credit Union "People Helping People" Scholarship Application

(please type or print)

APPLICANT DATA

Name: _____ Account No.: _____

Address: _____

Social Security No.: _____ Phone No.: _____

Email: _____

Parents: _____

HIGH SCHOOL DATA

(If a graduate, complete **only** school's name and address.)

School Name: _____

Address: _____

G.P.A. *: _____ SAT/ACT Results*: _____

School Contact/Title: _____

POST HIGH SCHOOL DATA

School Applied to or Accepted By: _____

Address: _____

Phone No.: _____

School Contact/Title: _____

Major: _____ Current G.P.A.:* _____

Student ID# _____

ACTIVITIES

(Please include community, school, or volunteer activities, including special honors/awards and leadership positions. Attach additional sheets as needed.)

***SAT/ACT results and current GPA must be certified by the school.**

First Choice America Community Federal Credit Union
“People Helping People” Scholarship Application

Question / Essay

(Use separate sheet. Please answer both questions.)

1. What makes credit unions unique? Please explain the specific difference between credit unions and other financial institutions.

2. Why do you feel that helping others through community service is important and what do you feel has been **your** most important contribution to society?

CERTIFICATION

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I certify that the information provided is both complete and accurate to the best of my knowledge. Any falsification of information will result in the disqualification of my application and I agree to return any funds already awarded.

I/We hereby agree to provide any and all information requested by the First Choice America Community Federal Credit Union and/or the Selection committee to verify my acceptance and completion of studies for the school year in which this scholarship is awarded. I/We understand that if I/we do not complete said studies, I/we will repay the Credit Union the scholarship amount in full immediately, and further authorize the Credit Union to deduct from any accounts I/we have at the Credit Union sufficient funds to repay the Credit Union unless other arrangements are agreed upon by the Credit Union.

Applicant's Signature: _____ Date: _____

Signature of Parent(s): _____ Date: _____

or Guardian(s): _____ Date: _____

State of _____

County of _____

Taken, sworn to, and subscribed before me this _____ day of _____, _____

Notary Public

OFFICIAL USE ONLY

Postmarked verified by: _____ CU membership verified by: _____

Date verified: _____ Date Verified _____