

SCHOLARSHIP APPLICATION

Full Name _____ Parent/Guardian Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP _____

Email _____ Phone Number _____

Name of High School _____ Graduating Year _____ GPA _____

Name of College/Trade School _____ Graduating Year _____ GPA _____

Provide details on any other scholarships received in the table below:

NAME OF SCHOLARSHIP	AMOUNT RECEIVED

According to the Free Application for Student Aid (FAFSA®), what is your expected Family Contribution? _____

Provide a statement of any extracurricular activities, hobbies, work experience, community involvement and organizations that you participate in:

Provide a statement about your plans after college. *(This can include your career and life goals.)*

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Why do you deserve this scholarship and how would it help you?

ADDITIONAL DOCUMENTS CHECKLIST

Please submit the following documents with your completed application:

- ☐ Your high school transcript and, if applicable, your college transcript
- ☐ Three (3) letters of recommendation
- ☐ Must be a member of Grand Altitude FCU or have a family member that is a member.

☐ Self ☐ Family Member (Name & Relation): _____

Copies of your application and supporting documents will be reviewed by the selection committee. Please complete your application electronically or in ink.

By completing the application process for Grand Altitude FCU, you agree to Grand Altitude FCU using your name and/or picture (provided by you) for marketing purposes (i.e. newsletter, website, Facebook).

Applicant's Signature _____ Date _____