



## PSCU Scholarship Award Application

Thank you for your interest in our scholarship program. Pelican State Credit Union takes pride in our communities and our members' futures.

All Scholarship Applicants must meet the following criteria:

- A graduating senior of the current year
- A Pelican member in good standing at the time of application
- Annual Household Income of less than \$100,000.00
- Must be scheduled to attend an accredited university for fall semester
- GPA of a 2.5 or above

Please fill out the following application and mail it to the address below. Your completed application packet should postmarked no later than **April 15, 2010**. Recipients will be awarded for their freshman fall semester. Scholarship recipients will be presented with certificates. The scholarship awarded will be in the amount of \$500 and all monies will be directly deposited into your member share account.

**Immediate family members of PSCU employees are not eligible. Immediate family members defined as children, grandchildren and siblings.**

Mail To:

**Pelican State Credit Union  
Attention: Scholarship Committee  
11585 Lake Sherwood Ave N  
Baton Rouge, Louisiana 70816**



**Applicant Information:** *Please print or type completing all requested information. Only completed applications will be considered.*

MEMBER #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M I: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Are you related to an employee of PSCU? Yes No  
If so who? \_\_\_\_\_ What relation? \_\_\_\_\_

**Education Information:** *Must submit an official, sealed high school transcript.*

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ / \_\_\_\_\_

Name of accredited post-secondary school you will attend:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



## LETTERS OF RECOMMENDATION

You are required to submit two letters of recommendation on behalf of your application for this scholarship. Letters of recommendation may use the following guidelines for writing their letters. All letters must be returned in your application packet in a sealed envelope with the author's signature across the sealed area of the envelope. Family members of the applicant are not eligible to submit a letter of recommendation.

Samples are: teachers, coaches, mentors, pastors, etc.

1. Name of scholarship applicant.
2. Relationship to applicant.
3. Comment on the applicant's personal character.
4. Comment on the applicant's scholastic performance.
5. Characteristics that are the applicant's greatest attribute.
6. How would you rate the applicant's potential for future personal achievement?  
Why?
7. Additional comments.



## AREAS OF SCORING

### SCHOLASTICS

List all scholastic awards or honors earned .

(Use separate sheet of paper if more space is needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **SCHOOL/EXTRA-CURRICULA ACTIVITIES**

Please list your membership in and describe your participation in any organizations, clubs, or sports activities. Please note the length of time you participated in these activities (Use separate sheet of paper if more space is needed)

<b>Club or Organization</b>	<b>Length of Time</b>	<b>Description</b>

Please list any leadership responsibilities which you have held and the duties required in these roles (Use separate sheet of paper if more space is needed)

<b>Leadership Role</b>	<b>Length of Time</b>	<b>Description</b>

**SERVICE TO YOUR COMMUNITY**

Please list your membership, participation, and any volunteer community services you are actively involved in or have participated in for your community. Also, list the length of time you have been involved with these programs (Use separate sheet of paper if more space is needed)

<b>Community Service</b>	<b>Length of Time</b>	<b>Description</b>

# Questionnaire

Answer the following questions. (Use separate sheet of paper if more space is needed)

1. Explain the importance of good financial planning.

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2. How can not paying a bill affect your credit?

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3. Where do you see yourself in five years?

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4. What do you feel is a weakness in school that you would like to improve on?

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5. What were some challenges you faced that you overcame?

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## SIGNATURE REQUIRED

Your signature is required on the signature line as your application will not be accepted without it. If selected you agree to allow Pelican State Credit Union to use your name and likeness for the promotion of the scholarship for things such as but not limited to website, media, newspaper, newsletters, etc.

Please sign the application, and then print your name.

I attest by my signature, that the information included in this application is truthful and correct, and my own work.

Applicant's Signature: \_\_\_\_\_

Applicant's Name: (please print) \_\_\_\_\_

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

Incomplete or unsigned applications will not be considered for this scholarship.

As defined by the Scholarship Committee. Committee retains all rights of interpretation or clarification.

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name: (please print) \_\_\_\_\_

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



## APPLICATION CHECKLIST

- All application information completed.
- Official sealed high school transcript.
- Two letters of recommendation in sealed envelopes with the author's signature across the sealed area of the envelope.
- Questionnaire