



Preserving Your Financial Future

CALCITE CREDIT UNION SCHOLARSHIP PROGRAM

The applicant must meet the following requirements:

1. Be a graduating senior of Rogers City, Posen, Onaway, Alpena, Cheboygan, and Emmet County
2. Parent or child must be a member of the Calcite Credit Union a minimum of 1 year.
3. Enroll in a full time college program subsequent to high school graduation
4. Child must become a member before scholarship is disbursed.

The applicant must also provide the following:

1. A one page biographical summary of your background, organizations, interests, goals, and dreams.
2. A copy of your high school transcript
3. Two teacher recommendations
4. One other outside recommendation (employer, church, etc.)

This scholarship was established in 1998 by the Board of Directors of the Calcite Credit Union. The board believes very strongly that education is the key that will open many doors for future success and opportunities. Accordingly, it is their wish that all students be encouraged to continue their post high school education.

Please complete the application in its entirety. A personal interview may also be requested of the applicants.

Scholarship committee will set scholarship limits annually. A minimum of 3 - \$1000 scholarships will be awarded.

Please forward your completed application to:

Barbara Mills, CEO
Calcite Credit Union Scholarship
478 N. Third Street
Rogers City, MI 49779

Due Date: April 1, 2019 at 5:00 p.m.



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Name: _____

Address: _____

Phone: _____

Birthdate: _____

Parents: _____

Current GPA: _____

Projected GPA for final semester: _____

College or University you have applied to: _____

Check one: () Accepted () Pending

Intended Major: _____

Career

Goals: _____

Proposed residence during college: Home () Dorm () Other ()

Extra curricular

activities: _____

Work experience:

Certification:

If I am awarded this scholarship, I understand that I am required to repay it if I withdraw from college within one year of the award. This requirement will not apply if I am unable to complete my program due to illness or disability.

Signature of Applicant

Date

Signature of Parent or Guardian

Date