

# CoVantage Credit Union Scholarship

## STUDENT APPLICATION FORM

**\*\*\*\*IMPORTANT\*\*\*\***

***All references to be mailed or directly delivered to the guidance counselor by the deadline.***

Date of Application \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

In what extra-curricular activities did you participate? (Include both in-school activities and volunteer activities outside of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you work during the school year? \_\_\_\_\_ If yes, how many hours/week? \_\_\_\_\_

Name of College or University you plan to attend: \_\_\_\_\_

Have you applied for Admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Intended field of study: \_\_\_\_\_

Have you applied for other scholarships? \_\_\_\_\_ Have you been granted a scholarship? \_\_\_\_\_

If so, name of scholarship and amount. \_\_\_\_\_

1. The student chosen must have been accepted at a college or university.
2. The student must be a graduating Forest Park High School Senior.
3. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT APPLICATION FORM**

Name of parent or guardian completing this form: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note below any statements you may wish to make which will assist the Scholarship Selection Committee in consideration of the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above statements are correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION**

I hereby certify that any information needed regarding my scholarship requirements be made available to the CoVantage Credit Union Scholarship Selection Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_