2024 Route **31** Credit Union Scholarship Application



Applicant Data					
Last Name:	Fi	rst Name:	MI:		
Mailing Address:					
City:	State:_	Zi	p Code:		
Telephone: ()					
Date of Birth:/	/				
Are you a Route 31 Credit L	Jnion Member?Yes	No Accoun	t #:		
Parent(s)/Guardian(s) Nam	e(s):				
Are your Parent(s)/Guardian(s) Route 31 Members?YesNo Account #:					
High School, Post-Seco	ndary School Data				
Name of high school attend					
School Name:		City:	State:		
High School Graduation Date	te: Month Year_				
Name of post-secondary school you plan to attend this year. If unknown, please list in order of preference the schools to which you have applied and been accepted: School Name: City: State:					
School Name:		City:	State:		
Major or course of study:					
Degree sought:Bachel	orAssociate(Other (please list)			
If attending Muskegon Com	nmunity College, do you quo	alify for the Muskegon	Promise?		
Work Experience					
List your work experience	during the past four years.				
Employer	Responsibilities	Dates	Hours Per Week		

School or Community Activities

List all school or volunteer community activities in which you have participated during the past four years. Note any offices, positions or leadership roles held in those activities.

Activity/Club	Length of participation	Role in Group

Awards/Honors

List any awards or honors received during the past four years.

Activity/Club	Length of participation	Award or Honor Received

Essay

Please write a 200 – 300 word essay on one of the following topics:

- The importance of a credit union and what it means to you.
- What are your educational and career goals?
- How can the credit union help you and others with financial education?

This section must be typed on a separate sheet of paper with your name at the top.

Media Release & Certification

We (the Applicant and the Parent/Guardian of the Applicant) hereby grant full permission to Route 31 Credit Union and its board and employees to use the Applicant's name, photograph, and biographical information in any publication or online media to promote or announce the scholarship if the applicant is selected as a recipient of the scholarship.

In addition, all of the information provided by me is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form if required. My signature certifies that all of the information provided is complete, factually correct and honestly represented.

APPLICANT'S SIGNATURE	DATE	
PARENT/GUARDIAN SIGNATURE	DATE	