

TRI-TOWN TEACHERS FEDERAL CREDIT UNION

THE CARRIAGE HOUSE
61 JESUP ROAD
WESTPORT, CT 06880

Telephone (203) 227-8511
Fax (203) 227-0266

Dear Credit Union Member,

Tri-Town Teachers Federal Credit Union is proud to announce that we will award \$500 scholarships for the 2017-2018 school year to high school seniors or undergraduate students currently enrolled in or accepted to a full time program at a college/university or an accredited post-secondary institution.

Applicants must be a member of the credit union or related to a member. An information sheet is attached.

If you are interested in applying, please call or stop by the office to get an application form.

Sincerely,

Nell Mullen
President, Board of Directors

Tri-Town Teachers Federal Credit Union Scholarship Program

There will be up to three \$500 scholarships offered for the 2017-2018 school year.

The following criteria will be used in selecting the students to receive the scholarships:

1. Applicant must be a credit union member or related to one.
2. Applicant must be currently enrolled in or accepted to a full time program at a college/university or an accredited post-secondary institution.
3. Applicant must have a firm commitment to further education and demonstrate a sense of direction.
4. Applicant must have at least a 2.75 grade point average.
5. Applicant must demonstrate financial need. If all other qualifications are equal, financial need will predominate.
6. Prior Tri-Town Scholarship recipients are not eligible to apply.

Students must submit the following with their applications:

1. An essay on career plans, qualifications, and need for this scholarship.
2. An official high school/college transcript including the most recent semesters' grades.
3. Any extenuating circumstances not previously mentioned within the essay or other parts of the application.
4. Two character references, one academic and one personal.

Be sure that you have given all the information requested and that EVERYTHING is in the Tri-Town FCU office by March 31, 2017. Mailing Address: TriTown Teachers FCU, Scholarship Committee, 61 Jesup Road, Westport CT 06880

A scholarship committee will review all COMPLETE applications and try to find the two most qualified students. The winning recipients will be notified in late April. Scholarships will be awarded at our Annual Meeting in early May.

Tri-Town Teachers Federal Credit Union
Student Scholarship Application

Name _____ Phone _____

Address _____

Credit Union Member (please circle) YES NO

Name of and relationship to Credit Union Member _____

School/College you plan to or are attending _____

Accepted? _____ College Major _____

Resident _____ Commuter _____

List names/ages of brothers/sisters attending school Name of school/college

1. _____

2. _____

3. _____

List any community service(s) with which you have been involved (please include dates)

List work experience (job description and dates worked)

What special recognition(s) have you received for outstanding high school/college work such as honors, prizes, scholarships?

In what extra-curricula or out-of-school activities have you participated?

Ask an educator and another adult to write character references for you. Provide each with one of the attached sheets and a stamped envelope addressed to: Tri-Town Teachers FCU, Scholarship Committee, 61 Jesup Road, Westport, CT 06880.

Obtain an official transcript of your two most recent semester grades.

Estimated Yearly Expenses

Estimated Funds Available

Tuition_____

Savings_____

Room & Board_____

Employment_____

Books & Supplies_____

Parents & Family_____

Transportation_____

Aid from College_____

Other_____

Aid from Others_____

Estimated Total_____

Estimated Total_____

On a separate piece of paper, write an essay stating your educational objectives, for what occupation(s) you want to prepare yourself, and why you feel you deserve this scholarship. If necessary, please describe briefly what extenuating circumstances, if any, the scholarship committee should consider.

CERTIFICATION: I have personally prepared and signed this application. I certify that all statements are true and correct. I believe that I am eligible to apply for this scholarship.

Signature of Applicant

Date

ACADEMIC RECOMMENDATION

STUDENT NAME _____ **DATE** _____

TEACHER/ADMINISTRATOR NAME _____

When complete, please mail in the stamped addressed envelope. It needs to be received by March 31, 2017. Thank You.

PERSONAL RECOMMENDATION

STUDENT NAME _____ **DATE** _____

YOUR NAME _____

RELATIONSHIP TO STUDENT _____

When complete, please mail in the stamped addressed envelope. It needs to be received by March 31, 2017. Thank You.