



100 Wheeler St. • P. O. Box 1460 • Akron, Ohio 44309-1460 • Phone: (330) 376-3626

Dear Member:

Thank you for your interest in our Memorial Scholarship. Enclosed is your application.

To qualify for scholarship consideration applicants must:

1. be members in good standing of Summit Federal Credit Union, with your name first on an account which has been open for one year or at a minimum an active account,
2. be enrolled in a course of study at an accredited institution of higher education,
3. complete the application form,
4. furnish a copy of the applicant's most recent grade report (official transcript is not required,) and
5. not be a member of Summit Federal Credit Union's staff or official family or a member of their immediate families.

Past winners will be eligible after a one-year intermission (every other year.)

Letters of recommendation may be submitted, but are not required.

While it would be convenient to have the grade report and application form submitted together, it is not necessary. All items must be addressed to:

Scholarship Committee
Summit Federal Credit Union
P. O. Box 1460
Akron, OH 44309-1460

and must show the applicant's full name at the top of each page. All items must be at the Credit Union by close of business on May 30, 2026. Any incomplete or illegible applications will not be considered.

If you have any questions, please call me any time during business hours.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tiffany Katzenmeyer".

Tiffany Katzenmeyer
CEO



SUMMIT FEDERAL CREDIT UNION

Memorial Scholarship Application

Please print in ink or type (illegible applications will be disqualified)

NAME: _____ **AGE:** _____ **SFCU ACCT #** _____
(Applicant must be 1st name on Acct.)

ADDRESS: (at home) _____

(at school) _____

TELEPHONE: (at home) _____

(at school)

SCHOOL (College/University): _____

COURSE OF STUDY: _____

COUNSELOR/ADVISOR: _____

You may use a separate sheet of paper if necessary to answer any of the following questions.

Please list your community activities:

Please list your school activities:

Please list your employment history:

What work would you like to do and what courses are you taking and/or planning to take to align you for this line of work?

What do you personally hope to accomplish in your line of work, what are your goals?

How do you approach challenging projects or subjects in your studies?

Can you provide an example of how you utilized critical thinking in your academic work?

What strategies help you succeed in your studies, especially when faced with difficulties?

We are interested in you. Tell us more about yourself and your family.

Tell us why you feel this scholarship should be awarded to you. What do you believe sets you apart from other scholarship applicants?

In the event that the Summit Federal Credit Union Memorial Scholarship is awarded to me, I give Summit Federal Credit Union permission to use my name, biographical data and photo as they choose.

Signature

Date