



# SUMMIT FEDERAL CREDIT UNION

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.)

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 31, 2021. Any incomplete or illegible applications will not be considered.

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

Sincerely,

Tiffany Katzenmeyer  
Executive Vice President



# SUMMIT FEDERAL CREDIT UNION

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## Memorial Scholarship Application

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

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SFCU ACCT #** \_\_\_\_\_

(Applicant must be 1<sup>st</sup> name on Acct.)

**ADDRESS: (at home)** \_\_\_\_\_

**(at school)** \_\_\_\_\_

**TELEPHONE: (at home)** \_\_\_\_\_

**(at school)** \_\_\_\_\_

**SCHOOL (College/University):** \_\_\_\_\_

**COURSE OF STUDY:** \_\_\_\_\_

**COUNSELOR/ADVISOR:** \_\_\_\_\_

(Use an additional sheet if necessary to answer the following questions.)

Please list your community and/or school activities, and 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?

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

Tell us why you feel this scholarship should be awarded to you.

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

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