



A total of \$5,000 will be awarded in \$1,000 increments to 5 high school seniors. The recipient must be a USFCU member and a high school senior who has been accepted for enrollment in an accredited college, university, or seminary as a full-time student.

The criteria for selection are: Member of USFCU, academic record of 2.5 GPA or better and service to community school and church

Applicants must submit:

- Application
- Transcripts
- List of all school and community activities
- One-page, double-spaced typed essay on how the applicant has lived the credit union philosophy of People Helping People.

Application packets must be completed and postmarked by March 27, 2024, to be eligible. Selection of recipients will be made by June 1, 2024. The USFCU Scholarship Committee will send a notice of award to the recipient specifying the terms of the award.

A check in the name of each of the recipients will be drawn from the USFCU Scholarship Fund and sent to the financial aid office of the college, university, or seminary to be attended by the recipient.

Please contact the USFCU Scholarship Committee at 423-989-2100 or marketingdepartment@usfcu.org with any questions.



Return application packet to: United Southeast Federal Credit Union Scholarship Committee 1545 Bluff City Highway Bristol, TN 37620	DATE:
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PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:	SOCIAL SECURITY #:	DATE OF BIRTH:
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PERMANENT RESIDENCE STREET ADDRESS:

CITY:	STATE:	ZIP:	TELEPHONE #:
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UNITED SOUTHEAST FEDERAL CREDIT UNION MEMBER ACCOUNT #:
(SCHOLARSHIP APPLICANT MUST HAVE THEIR OWN ACCOUNT)

FAMILY INFORMATION

FATHER'S NAME:	ADDRESS:	FATHER'S EMPLOYER:
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MOTHER'S NAME:	ADDRESS:	MOTHER'S EMPLOYER:
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EDUCATIONAL INFORMATION

CURRENT STATUS	GRADE:	HIGH SCHOOL:	STREET OR P.O. BOX	
	CITY:	STATE:	ZIP:	GPA:

COLLEGE, UNIVERSITY, OR SEMINARY IN WHICH YOU PLAN TO ENROLL:

REFERENCES

NAME:	ADDRESS:	TELEPHONE #:	# OF YEARS KNOWN:
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NAME:	ADDRESS:	TELEPHONE #:	# OF YEARS KNOWN:
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I certify that all information, which I have provided, on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information on this application. I understand that the United Southeast Federal Credit Union Scholarship Committee and financial analyst may review information provided on this form including but not limited to: transcripts, essay, and need for financial assistance. If selected for a scholarship, I give permission for a publicity release.

SIGNATURE OF APPLICANT:	DATE:	EMAIL:
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SIGNATURE OF PARENT OR LEGAL GUARDIAN:	DATE:	EMAIL:
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