

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE and ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENTS NAME: _____

I have attached with this application my **letter of acceptance or my tentative course schedule** for the upcoming school year from an accredited post high school educational institution for the 2020-2021 academic year.

I am a member in good standing with the Plain Dealer Federal Credit Union, and have not caused the Plain Dealer Federal Credit Union a financial loss.

I understand and accept that this is a one-time scholarship, and is not renewable. Upon receipt of this scholarship, I am no longer eligible for future scholarship money from the Plain Dealer Federal Credit Union. I have read the scholarship information sheet and I understand that I will need to have an active Plain Dealer Federal Credit Union Share (savings) account.

If I am the winner of the scholarship, I agree to have my name published in the Plain Dealer Federal Credit Union newsletter, and or posted in the lobby of the Plain Dealer Federal Credit Union or on the website.

Signed: _____

Dated: _____