



CONTINUING EDUCATION SCHOLARSHIP

Instructions and Guidelines

(Please read carefully)

- I. ELIGIBILITY FOR SCHOLARSHIP:
 - A. A member in good standing of Georgia Heritage Federal Credit Union.
 - B. A High School graduate or have completed the GED Requirement.
 - C. Acceptance to a college or technical school at the time of application and must enroll in the institution within six months of notification of scholarship award.
 - D. If you have caused a loss to Georgia Heritage Federal Credit Union in the past, you are ineligible for the scholarship program.

- II. APPLICATIONS WILL BE CONSIDERED ON THE BASIS OF THE FOLLOWING:
 - A. Need
 - B. Grades
 - C. Essay
 - D. Overall appearance of application
 - E. Recommendations written by two community leaders, (i.e. pastor, teacher, business leader, etc.)

- III. STUDENT'S RESPONSIBILITY IN APPLYING:
 - A. Hand-deliver or mail completed application to the address below so that it arrives no later than May 7, 2010.
 - B. Letters of recommendation and academic transcript must be mailed to the address below and received by May 12, 2010.

Georgia Heritage Federal Credit Union
ATTN: Scholarship Committee
1085 W. Lathrop Ave, Savannah, GA 31415

- IV. SCHOLARSHIP AMOUNT:
 - A. One scholarship in the amount of \$1,000.00 to be paid to the recipient's College or Technical School in the fall of the award year.
 - B. This scholarship is automatically terminated should the recipient cease to be enrolled in college or technical school.



CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Note: This form and all application materials must be received by the credit union no later than May 7, 2010.

NAME _____ Social Security # _____

ADDRESS _____ PHONE _____
Street Area Code Number

City State Zip

DATE OF BIRTH _____ AGE _____ SEX _____

Qualifying Georgia Heritage Federal Credit Union Acct # _____

HIGH SCHOOL INFORMATION

Name of School Date Graduated

COLLEGE INFORMATION

Currently Enrolled

Accredited College, University, Vocational/Technical School

Date of Enrollment

NOTE: Have transcripts from any college or vocational school you have previously attended forwarded to:

**Georgia Heritage Federal Credit Union
ATTN: Scholarship Committee
1085 W. Lathrop Ave, Savannah, GA 31415**

CU Control # _____

SIGNATURE OF STUDENT



**CONTINUING EDUCATION SCHOLARSHIP
APPLICANT INFORMATION**

Applicant's Name _____

Address _____

Telephone Number _____

Georgia Heritage Federal Credit Union Account Number _____

Gross Income \$ _____

Number of Dependents _____

Number of Dependents Attending College _____

Please explain any unusual circumstances:

Date

Signature of Applicant

HIGHER EDUCATION PLANS

State your plans for continuing your education at an accredited American college, university, or vocational/technical school including courses of study or field of interest.

Have you been granted scholarship aid or do you expect such aid? _____ If so, give details:

Do you intend to apply for financial aid at the college(s) you plan to attend? If so, give details:

List any awards or honors received with dates.
