



Cincinnati Employees Credit Union

2019 Scholarship Application

Name _____
(last) (first)

Home Address _____
(street) (city) (zip)

Telephone Number _____ Account # _____

Parent/Legal Guardian, who is a member of **Cincinnati Employees Credit Union:**

Name _____
(last) (first)

Where Employed _____

Name and address of College or University that you have been accepted to, or are currently attending
*(you must be a high school senior, or a full time college student
at an accredited two or four year college to be eligible)*

Projected College graduation date: _____

Chosen course of study: _____

Please briefly outline your educational goals:
(feel free to use additional paper if necessary)

***I certify that all information is true and correct to the best of my knowledge.
I grant Cincinnati Employees Credit Union permission to verify any of the information.***

Student's signature _____

Date submitted _____

Not for profit...not for charity...but for service