



# Cincinnati Employees Credit Union

## 2024 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***