



Cincinnati Employees Credit Union

2025 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