



Cincinnati Employees Credit Union 2026 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