

My Crossroads Scholarship

**MY COMMUNITY FEDERAL CREDIT UNION
CROSSROADS SCHOLARSHIP APPLICATION**

ELGIBILITY REQUIREMENTS

1. Membership must be in good standing with My Community Federal Union.
2. Earn a minimum of twelve (12) credit hours per semester or enrolled as a full-time student (as defined by the student's college, university or technical/trade school). Scholarship recipients must attend an accredited college, university, community college, or technical/trade school.
3. Awards must be used for the 2012-2013 school years.
4. Applications must be postmarked by February 29, 2012 in order to be considered.
5. Scholarship recipients must maintain their membership with My Community Federal Credit Union throughout award period.

AWARD CRITERIA

Awards will be based on academic achievement, writing assessments, recommendations, and transcripts, as well as the student's potential, character, leadership, and financial need. On a 4.0 scale, a GPA of 3.0 or higher is recommended. Additionally, a minimum SAT score of 800 and/or a minimum ACT score of 19 is highly recommended. Applications will be judged by the Scholarship Committee appointed by My Community Federal Credit Union. Five selected students will be awarded \$2,500 scholarships.

MyCommunity
FEDERAL CREDIT UNION

People Helping People

Deadline February 29, 2012

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Other Phone		My Community FCU Member Number		Date of Birth (Mo./Day/Yr.)	
School Presently Attending					
School Address					
School Telephone Number					
School contact person (i.e. Guidance Counselor)				Class Rank	
Grade Point Average (GPA)					
Freshman:		Sophomore:		Junior:	
Senior:		Cumulative:			
SAT Reasoning (SAT 1) Results					
Critical Reading (Verbal):		Math:		CR+M Score:	
Writing:					
ACT Results					
English:		Math:		Reading:	
Science:		Composite:			
Father or Guardian Name		Daytime Phone #		Last Name	
				First Name	
Mother or Guardian Name		Daytime Phone #		Last Name	
				First Name	
Mother's Occupation:			Father's Occupation:		

EXTRACURRICULAR ACTIVITIES/HONORS IN HIGH SCHOOL

Include school and community activities and honors, recognition's and/or awards. Please indicate the school year(s) in which you participated in each activity.

Mo./Yr. to	Mo./Yr.	Description of Activity

WORK EXPERIENCE

Include present and previous employment.

Mo./Yr. to	Mo./Yr.	Description of Activity

Do you plan to continue (or begin) working during college?

Yes

No

WRITING ASSESSMENTS

Please attach a 750- to 1000-word essay in which you discuss "What My Community Federal Credit Union Means to My Family and Me." Be sure to include your name and Social Security Number on the writing assessments.

On a separate sheet of paper, please write a brief statement on "Why the Crossroads' Scholarship Would be of Financial Benefit to Me."

RECOMMENDATIONS

Please submit two (2) complete recommendations from two (2) adults (non-family). The adults should be familiar with your academic potential, leadership skills, and character. **Please use the Crossroads' Scholarship Recommendation forms provided.**

TRANSCRIPTS

Please submit certified copies of you high school transcript(s), or if home-schooled, a description of your high school program.

COLLEGE/TECHNICAL SCHOOL/UNIVERSITY

Which school(s) have you applied to?

Choice	College/Technical School/University	Location	Check if Accepted
1st			
2nd			
3rd			

Intended Major: _____ or Undecided

Intended Minor: _____ or Undecided

Anticipated Graduation Date: _____

CERTIFICATION – SIGNATURES REQUIRED

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the Crossroads' Scholarship application is complete, accurate, and true to the best of my knowledge. I hereby authorize My Community Federal Credit Union (MCFCU) to release the scholarship application information provided by me, as well as other official and unofficial My Community FCU information regarding my academic and/or financial progress and status, to the Crossroads' Scholarship Committee for the purpose of providing the committee with the information concerning my eligibility as a scholarship recipient. I also understand that furnishing false information may result in revocation of my Crossroads' Scholarship. Further, I agree that if I am selected as a Crossroads' Scholarship recipient, my name, photograph, and/or writing assignments may be used for publicity with no additional compensation from My Community Federal Credit Union.

Applicant's Signature Date

Parent/Guardian's Signature Date

High School Guidance Counselor or Representative's Signature Date

Please return completed application to:
My Community Federal Credit Union
Attn: Marketing
600 West Louisiana
Midland, TX 79701

For My Community Federal Credit Union Use Only	
Date Application Received:	Received by:
Applicant has been a member since:	Verified by:

MY COMMUNITY FEDERAL CREDIT UNION

Scholarship Application Recommendation Form

SECTION I – TO THE APPLICANT

Complete this section of the form. The second section of this form should be completed by an adult (non-family, such as a teacher or counselor) who can attest to your character and academic potential. You may also submit recommendations from employers, clergy members, or adult co-workers. **Recommendations cannot be from family members.**

Full Legal Name	Last Name (please print)	First Name	Middle Name
Permanent Address	Number/Street	City	State Zip

WAIVER

I request that this recommendation form be submitted for use by the Crossroads' Scholarship Committee of My Community Federal Credit Union and/or its duly authorized volunteers.

- I **waive** my rights to have future access to this document.
- I **do not waive** my rights to have future access to this document.

Applicant's Signature

Date

SECTION II – TO THE EVALUATOR

The Crossroads' Scholarship Committee of My Community Federal Credit Union appreciates your assistance in sharing your opinions and observations of this applicant. **Please complete both pages of this form and return it to the applicant in a sealed envelope** (please sign on the seal of the envelope). **Applications received without sealed recommendation forms will not be considered; do not send recommendation forms separately.** Responses should involve the specific knowledge relevant to the applicant's potential to perform at a post secondary educational level. The applicant has chosen you to make an honest, candid assessment of his/her abilities.

Federal law grants students access to education records. Therefore, unless the above "Waiver" is signed by the applicant, we cannot guarantee the confidentiality of your recommendation.

Evaluator Name	Last Name (please print)	First Name	Middle Name
Mailing Address	Number/Street	City	State Zip
Daytime Phone Number ()	Primary eMail address	Occupation/Position	

How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately	<input type="checkbox"/> Slightly		
My relationship to the applicant was/is in the following capacity:					
<input type="checkbox"/> Teacher	<input type="checkbox"/> Counselor	<input type="checkbox"/> Clergy	<input type="checkbox"/> Employer		
<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Other (specify):				
How would you rate the applicant for each of the following characteristics? Please check the appropriate box under the rating column which best describes the applicant.					
Characteristic	Outstanding	Good	Fair	Poor	No basis for judgment
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN RECOMMENDATION

Please express your opinions based on your contact with the applicant on a separate sheet of paper. You may share any information which would be relevant to his/her character, capabilities, and performance. Your time and effort in this endeavor is of value to the Crossroads' Scholarship Committee in their consideration of the applicant.

RECOMMENDATION CONCERNING SCHOLARSHIP

- | | |
|---|---|
| <input type="checkbox"/> I highly recommend this applicant. | <input type="checkbox"/> I recommend this applicant with some reservations. |
| <input type="checkbox"/> I recommend this applicant. | <input type="checkbox"/> I am not able to recommend this applicant. |

Evaluator's Signature

Date