



## ESSENTIAL CREDIT UNION SCHOLARSHIP 2024

Presented by: Essential Credit Union

### Rewarding Academic and Community Service Excellence!

Essential Credit Union may award two \$1000.00 scholarships to two selected 2024 seniors.

#### Scholarship Applicant Eligibility Requirements:

1. Applicants must be a graduating senior planning to attend a recognized/accredited college or university in the fall following graduation.
2. The applicant must be an Essential CU member in good standing, or the applicant's legal guardian must be an Essential CU member in good standing. A member in good standing is defined as one with a minimum balance of \$5 in his or her account and no loan delinquencies.
3. Applicants must have a cumulative GPA (Grade Point Average) the equivalent of a 3.0 or greater average on a 4.0 scale.
4. Applicants must intend to carry a full academic load during the scholarship period. (12 credits)
5. The applicant must be involved in school and/or community activities.
6. Essential CU employees, officials and their immediate family members are not eligible.

Essential CU's Board of Directors will review all applications. All reviews will be done on a "blind" basis. All personal identifiable information will be hidden. The Essential CU's Board of Directors will make the final selections.

Applications must be submitted no later than **Monday, April 1, 2024**. Applications can be submitted via mail, emailed to [lpattick@essentialcu.org](mailto:lpattick@essentialcu.org), or dropped off at an Essential CU branch. Applications postmarked, emailed or dropped off after April 1, 2024 will not be considered. Recipients will be selected and notified by May. Scholarship payments will be distributed to the recipient's college or university upon receiving proof of enrollment.\* Proof of enrollment must be submitted to:

Essential Credit Union  
Attention: Marketing –Scholarship Program  
P.O. Box 66278  
Baton Rouge, LA 70896

For more information contact:  
Lis Patrick  
Essential Credit Union  
225-776-2991  
[lpattick@essentialcu.org](mailto:lpattick@essentialcu.org)

\*Should the chosen recipient of the scholarship fail to attend an accredited college or university the following fall term, then the recipient will not receive the scholarship.

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**APPLICANT FORM**

Please read this form carefully and answer each question completely. Your application will not be processed if all of the questions are not answered in full. Mark N/A for items not applicable. It is preferred that your application be typed. If handwritten, it must be legible or will not be processed.

**Applicant Information**

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Name and Address of Parents or Guardians**

Father \_\_\_\_\_ Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Information**

Where do you plan to attend college? \_\_\_\_\_  
College or University address \_\_\_\_\_  
Have you currently applied for admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_  
Proposed Major \_\_\_\_\_  
Cumulative grade point average \_\_\_\_\_ Class Rank \_\_\_\_\_

**Scholarship Checklist:**

- \_\_\_ Applicant Form
- \_\_\_ Letters of Recommendation
- \_\_\_ List of School /Extra Curricular Activities
- \_\_\_ List of Community Service
- \_\_\_ Completed Questionnaire
- \_\_\_ Statement of Accuracy for Students
- \_\_\_ Statement of Support by Guidance Counselor

# ESSENTIAL CREDIT UNION SCHOLARSHIP 2024

## LETTERS OF RECOMMENDATION

Please submit 2 letters of recommendation. Family members of the applicant are not eligible to submit a letter of recommendation. Examples of acceptable references include teacher, coaches, mentors and pastors.

The letter should include the following:

- Name of applicant
- Relationship to applicant
- Greatest attribute of applicant
- View of applicant's potential for future achievement.

## LIST OF SCHOOL/EXTRA CURRICULAR ACTIVITIES:

This could be a school or community organization. Describe your role within the group, team, or organization. (If more space is needed, please type on a separate sheet of paper)

Club or Organization	Year or Years	Description of participation

## COMMUNITY SERVICE

Please identify an organization or organizations within the community you have worked with or assisted serving the community. (If more space is needed, please type on a separate sheet of paper)

Community Organization	Dates	Description of participation

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## QUESTIONNAIRE

Please answer the following questions. The answers should be typed on 8.5 x 11 paper, double spaced with 1-inch margins on all sides. Answers must be formulated by the applicant; any copyright infringement will disqualify the applicant.

1. Where do you see yourself in five years?
2. What are some financial challenges faced by young adults today?
3. Why should you be selected for this scholarship?

## STATEMENT OF ACCUARACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner it is my responsibility to remit the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Essential Credit Union.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_