

Members**PLUS**

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Scholarship Application

I hereby make application to the Members Plus Credit Union for consideration for a scholarship award, and submit the following information:

Date: _____

Student's Full Name: _____ Male _____ Female _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street Address)

(City) (State) (Zip Code)

Phone Number: _____ Email: _____

Name of High School Attended _____ Graduation Date: _____

Name of College Attending _____ Graduation Date: _____

Address of College _____

Name of Parent/Guardian: _____ MPCU Acct.#: _____

Credit Union Account Number of Student (if applicable): _____

Signature of Applicant of Parent/Guardian: _____

A. General Information

1. Five scholarships of \$1000.00 will be awarded.
2. Award will be drawn at the Annual Meeting in April; attendance is not required to win.
3. One scholarship award per family per year.
4. Funds will be awarded to the member or their dependent.

B. Rules of Eligibility:

1. Applicant must be member of MPCU, or a member's dependent.
2. Applicant must be accepted or enrolled in a full-time, accredited 2 or 4 year school of higher learning.
3. A completed entry form is required (additional copies are available at all MPCU locations or online at www.membersplus.org).
4. One entry per student.
5. No director or employees of the Credit Union or their dependents are eligible.

All applications must be received no later than Friday, March 26, 2010.

Mail to: MPCU Scholarships, 29 High Street, Medford, MA 02155 or fax to 781-306-0681.