APPLICATION FOR 2024 STUDENT SCHOLARSHIP FUND MyPoint Credit Union (Part I)

PLEASE PRINT OR TYPE:		
Name of Student	Date of Birth	Age
Address		
City	State	Zip
Mobile Phone No		
Email	_Student's MyPoint Credit Union Acc	count No.*
*applicant required to be the <u>primary member</u> of his/her own MyPoint Credit Union savings account; joint membership on parent's account not sufficient		
College You Plan to Attend		
0.1		
City	State	Zip
School Presently Attending		

Please attach an essay explaining why you feel you should receive this scholarship. Include your scholastic ambitions and your career plans after you complete your education.

Please indicate below where we can reach	you in May of 2024 (if different	from above).
Address		
City	State	Zip
Phone No		
I certify that all information provided is true a my name and photograph (which I will provischolarship recipient.		

Date

Signature of Student

APPLICATION FOR 2024 STUDENT SCHOLARSHIP FUND MyPoint Credit Union (Part II)

QUESTIONS FOR THE PARENT - PLEASE PRINT OR TYPE:

Name of Parent(s)	
Home Address	
City	StateZip
Phone (Home)	(Daytime)
Date	Signature of Parent
 Required: completed application (including MyPoint Credit Union account number in student's own name) 	 Dwing (deadline 3/31/24): Encouraged but Not Required: letter(s) of recommendation from teachers, guidance counselors, etc. summary of extracurricular activities
 essay written by applicant stating why he/she should receive this scholarship 	
 official current transcript of high school grades – 10th grade thru first semester of 12th grade 	
copy of acceptance letter from a college or university	
MAIL TO: Scholarship Committee MyPoint Credit Union 9420 Farnham Street San Diego, CA 92123	Questions: ccolon@mypointcu.com
* In order for your application to be considere documentation must be postmarked no later	•

Note: Children of board members, committee members, and employees of MyPoint Credit Union are not eligible to apply for a scholarship.