



2020 Scholarship Program

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Ashland Credit Union believes everyone should have access to an education. We are happy to announce our Scholarship Program for our young members, designed to promote education and achievement. In 2020, Ashland Credit Union will provide ten students \$1,000 each to help finance their higher education pursuits.

Eligibility

Our Scholarship Program is open to the youth of Ashland Credit Union. To qualify, the student must be a member of our credit union or have a family member who is a member in good standing. They must be a graduating senior planning to attend an accredited college, university, or trade school on a full-time basis. Applicants must also have a current GPA of 3.0 or above.

Selection

An impartial committee comprised of ACU volunteers and staff will select recipients. Winning students will be notified before the end of the school year.

Application

Interested students must complete this application form and all required items listed below. Upon completion, students may send their scholarship packet to: Scholarship Committee, Ashland Credit Union, 1300 Central Ave., Ashland, KY 41101.

Applications will be accepted through March 31, 2020.

Only fully completed applications that meet all requirements will be considered for the scholarship.

Checklist of Required Items:

1. Official Transcript of Grades
2. Personal Data Sheet Containing
 - Name of Applicant
 - Volunteer Activities (include hours if possible)
 - Academic & Community Achievements
 - Paid Work and/or School Activities
3. Essay: Discuss how you became interested in your field or major and describe your experience in the field - such as volunteer work or internships and what you gained from this involvement. Essay must be one page in length and typed or written legibly on 8.5 x 11 paper.
4. Completed Application Form (below)
5. **DO NOT STAPLE YOUR PAPERWORK.**

Return to: Scholarship Committee
Ashland Credit Union
1300 Central Ave.
Ashland, KY 41101

Ashland Credit Union staff, board members, volunteers and their household family members are not eligible to receive this scholarship.



Application Form

Name _____ Address _____ City, State, Zip _____ Telephone _____ Date of Birth _____ School Now Attending _____ Grade _____ GPA _____ Address of School _____ City, State, Zip _____ Email Address _____ School You Plan to Attend _____ Applicant Signature _____ Date _____ Guardian Signature _____ Date _____	Relation to a current ACU Member <input type="checkbox"/> Self <input type="checkbox"/> Family _____ Family Member's Name
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