

Marshland Credit Union

**3650 Community Road
Brunswick, GA 31521-1957**

(This form may be photocopied)
Information on this form is regarded as confidential.

Marshland Credit Union Memorial Scholarship Application

I. GENERAL INFORMATION

_____ Date

Name

_____ (last) (first) (middle)

Address

_____ (street) (city) (state) (zip)

Home Phone (_____) _____

Alternate Phone (_____) _____

High School _____

Parent/Guardian

Name _____

Parent/Guardian

Address _____

Name of Credit

Union Member _____ Relationship to Applicant: _____

Account Number of Member: _____

II. GENERAL STUDENT INFORMATION.

List your activities and club memberships in community, school, church, etc., including any offices held, and all work and volunteer experiences. (List on back if necessary.)

List any awards or special honors you have received.

III. PROGRAM INFORMATION

List your plans for Post Secondary Study (When? Where?) _____

Have you been accepted? _____ yes _____ no (remember to provide proof of acceptance).

IV. REFERENCES AND RECOMMENDATIONS. One reference letter should be from an educator and the other must be from a member of the community.

V. ESSAY. In your own handwriting, please respond to the following questions. (Use back of page or attach additional pages if necessary).

Why do you feel you need or can benefit from this scholarship? What are your goals for the next few years? What do you hope to accomplish and how do you see the prospects of a higher education affecting the rest of your life?

VI. CERTIFICATION. To the best of my knowledge the information on this application is complete and correct. I understand that the purpose of this application is to apply for financial aid for

Student's name

for the educational expenses of _____.

Name of school

This application does not guarantee the receipt of scholarship monies.

Parent/Guardian Signature

Date

Student Signature

Date