

2018 Texan Sky Federal Credit Union Scholarship
Mail to: Scholarship Committee, PO Box 400, Dumas, TX 79029-0400

Please supply **all** the information requested and return.
Attach a copy of your transcript to the application. **Application must be received by** _____

Name _____ Credit Union Member # _____
Address _____ Social Security # _____
City, St, Zip _____ Phone# _____
Classification _____ GPA _____

Have you previously received a Texan Sky Federal Credit Union Scholarship? _____
When did you last receive a Texan Sky FCU Scholarship? _____

Name and address of school you plan to attend _____

Have you applied? _____ Have you been admitted? _____
Proposed major of field of study _____
Estimated annual expenses (tuition, books, room and board) _____

Name and address of Parents: _____

List the most notable community activities during the past 6 years (additional sheet if needed).

List the most notable school activities during the past 6 years (additional sheet if necessary).

Have you applied for: Scholarships? _____ Financial Aid? _____
List scholarships, financial aid and grants received for this academic year (include amounts).

List other sources of college funds that are available to you (trusts, insurance benefits, etc.).

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In addition to the information requested on the application, the following items are required:

1. An academic Letter of Recommendation from your school principal, counselor, or advisor.
2. A personal Letter of Recommendation from a responsible person in your community who knows you well and can attest to your personal qualities and abilities. This letter **SHOULD NOT** be written by a family member or casual acquaintance.
3. A copy of your transcript(s) showing the last 4 years academic record.
4. The signed Publicity Release.

ELIGIBILITY REQUIREMENTS:

The scholarship applicant **must** be a **member of Texan Sky Federal Credit Union** and be enrolled or plan to **enroll as a full-time student** (minimum of **12 hrs**) at a university, junior college, or trade school this fall. **Full time enrollment will be determined by your school.**

SUBMIT ALL INFORMATION REQUESTED AT ONE TIME TO THE FOLLOWING ADDRESS:

TEXAN SKY FEDERAL CREDIT UNION SCHOLARSHIP COMMITTEE
PO BOX 400
515 S BLISS AVE.
DUMAS, TX 79029

APPLICATIONS MUST BE IN THE OFFICE NO LATER THAN _____

Only scholarship applications received in the Dumas Office of Texan Sky Federal Credit Union by **close of business _____ will be considered.**

Scholarship awards will be forwarded to Financial Aid Office at the school designated by the applicant.

An application must be submitted each year to be considered for a scholarship. No scholarship will be automatically renewed.

Applications will be used only by the Texan Sky Federal Credit Union Scholarship Committee to select students for scholarship awards.

Applicants will be notified in writing of the decision of the Scholarship Committee.

No student or prospective student will be excluded from participation in or be denied the benefits of scholarship on the basis of race, color, age, religion, national origin, or sex. Recipients must meet all eligibility requirements.



START DREAMING™

TEXAN SKY FEDERAL CREDIT UNION

PUBLICITY RELEASE

I, _____, a member of Texan Sky Federal Credit Union, Hereby agree to volunteer my image for purposes of promoting the Credit Union. I agree, beginning as of the date of execution of the Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Images"), may be taken of me, individually or with others, by the Credit Union and I agree that all rights therein shall irrevocably, exclusively, unconditionally, and perpetually belong to Texan Sky Federal Credit Union.

I further agree that, without any compensation or notification to or approval by me, my name and Images of me may be used, reproduced, or otherwise disseminated or published by or on behalf of the Credit Union directly or indirectly for any purpose, including but not limited to advertising or promotional purposes, in any manner, and at any time the Credit Union desires.

By signing below and in consideration of participating in the Credit Union's scholarship program, I hereby waive any and all compensation and release and discharge Texan Sky Federal Credit Union, its officers, employees, representatives, agents, successors, and assigns from any and all claims, demands, or causes of action that I or my estate may now have or may hereafter have for invasion of privacy, right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any use of my name or the Images for any purpose.

Signature

Printed Name

Date