2025 Texan Sky 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 3/01/2025 sending Name ______ Credit Union Member #_____ Address Social Security # City, St, Zip______ Phone#_____ Classification_____ GPA______Have you previously received a Texan Sky Credit Union Scholarship? ______ When did you last receive a Texan Sky CU 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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Please explain in your own words wh important to you and how the schola (If you need additional space, please	y being awarded a scholarship from Texan Sky Credit Union is rship will benefit you. This section MUST be handwritten . attach your additional sheet)
Signature	Date

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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 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.

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

TEXAN SKY CREDIT UNION SCHOLARSHIP COMMITTEE PO BOX 400 515 S BLISS AVE. DUMAS, TX 79029-0400 Fax - 806 935 5305

APPLICATIONS MUST BE IN THE OFFICE NO LATER THAN MARCH 01, 2025 by 5:30pm Only scholarship applications received in the Dumas Office of Texan Sky Credit Union

by close of business March 01, 2025 will be considered. You may mail or fax your applications.

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 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.

TEXAN SKY CREDIT UNION PUBLICITY RELEASE

I,, a mem	ber of Texan Sky Credit Union,
Hereby agree to volunteer my image for purposes of promot beginning as of the date of execution of the Release, that phy videos, film and/or motion pictures (hereinafter "Images"), with others, by the Credit Union and I agree that all rights to unconditionally, and perpetually belong to Texan Sky Credit	notographs, whether still or action, may be taken of me, individually or herein shall irrevocably, exclusively,
I further agree that, without any compensation or notification and Images of me may be used, reproduced, or otherwise debehalf of the Credit Union directly or indirectly for any purposed advertising or promotional purposes, in any manner, and at	lisseminated or published by or on ose, including but not limited to
By signing below and in consideration of participating in the program, I hereby waive any and all compensation and relected Union, its officers, employees, representatives, agent and all claims, demands, or causes of action that I or my eshave for invasion of privacy, right of publicity, infringement other right arising out of or relating to any use of my name	ase and discharge Texan Sky ss, successors, and assigns from any state may now have or may hereafter of copyright, or violation of any
Signature	
Printed Name	
Date	