

Pacific Cascade Federal Credit Union

privately funded scholarship application
FRITZ VonAPPEN SCHOLARSHIP AWARD

Return to: Pacific Cascade Federal Credit Union
Attention: Scholarships
1075 Oak Street
Eugene OR 97401

Deadline: **May 1, 2012.** Winner will be notified by June 1, 2012.
Please contact Pacific Cascade Federal Credit Union at:
(541) 343-6238 or (800) 477-3328 with any questions.

Please type or print neatly

Date: _____

Name: _____
Last First Middle

Social Security Number: _____ Birthdate: _____
(Month/Day/Year)

Permanent Residence / Street Address: _____

City County State Zip
Are you a: U.S. citizen Permanent resident of the U.S. Neither

Date you expect to graduate from college / vocational school: _____
Month / Year

What degree will you earn? _____

High School Grade Point Average: _____

College Grade Point Average (Undergraduate): _____

College Grade Point Average (Graduate): _____

SAT Verbal* _____ SAT Math* _____ SAT Writing* _____

ACT* _____ *High school seniors, if SAT or ACT scores are unavailable, please provide PSAT scores.

Are you a graduating high school senior? Yes No

If no, when did you graduate from high school? _____

From what high school did you graduate? _____

City County State

As of **this coming September**, what will your class standing be?

- | | |
|---|--|
| <input type="checkbox"/> Freshman in college / vocational school | <input type="checkbox"/> Senior in college / vocational school |
| <input type="checkbox"/> Sophomore in college / vocational school | <input type="checkbox"/> Master's program |
| <input type="checkbox"/> Junior in college / vocational school | <input type="checkbox"/> Doctoral program |

What are your anticipated or actual fields of study?

Major: _____

Minor: _____

What college, university, or vocational school will you attend in the coming year?

_____ *School* _____ *City* _____ *State*

Please list the address and phone number of the financial aid office of the school you will be attending:

Indicate the academic period you plan to attend:

Fall quarter / semester

Winter quarter / semester

Spring quarter / semester

Summer quarter / semester

How long have you lived in Oregon as of September 1 of the coming academic year? _____
Years and Months

Are you: Married Single

Number of dependent children **you** have: _____

Parent's or spouse's name: _____
Daytime Phone

Parent's Address (if different from your permanent address)

Are you a current Pacific Cascade Federal Credit Union member? Yes No

To receive a Pacific Cascade scholarship, **you must be an actual member yourself.**

If you have a family member that is a member of Pacific Cascade, or if you live, work, worship or attend school in Lane County, you are eligible for membership.

ALL APPLICANTS MUST COMPLETE THIS SECTION

List the colleges / vocational schools or universities you previously attended:

School: _____

City / State: _____

When attended: _____ Degree _____

School: _____

City / State: _____

When attended: _____ Degree _____

WITH THIS APPLICATION, PLEASE INCLUDE:

Transcripts:

High School Seniors: Enclose your most recent semester high school transcript, showing grade point average and aptitude test scores.

College Freshmen: Enclose high school and college transcripts.

All Other Students: Enclose transcripts of college work.

Financial Information:

Copies of current U.S. income tax returns for you and your parents (if you live in your parents' home). (this information is strictly confidential).

List any scholarships, fellowships, or tuition and fee waivers which you **will receive** during the coming academic year (including dollar amount):

Scholarship

Amount

Activities:

List your most significant high school activities:

List your most significant college activities (if applicable):

List community activities and work experience:

Describe your educational, career, and personal goals. If you win this award, how will it help you attain these goals? (If you need more space, attach another page).

CERTIFICATION

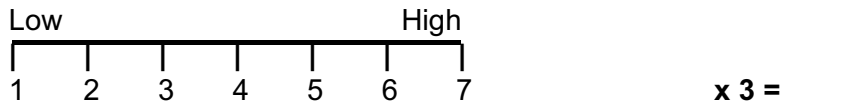
I certify that all information which I have provided on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information on this application. I understand that scholarship selection committees may review information provided on this form, my transcripts, and my need for financial assistance based on current U.S. income tax returns. If selected to receive a scholarship, I give permission for a publicity release.

X _____
Applicant Signature (Area Code) Phone Number Date

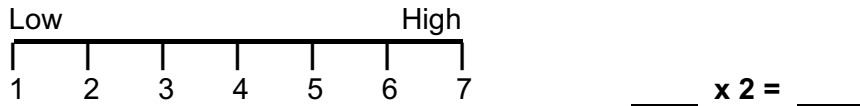
For Scholarship Committee Use Only – Criteria Applicant, please do not write in this space

The order of criterion is as follows:

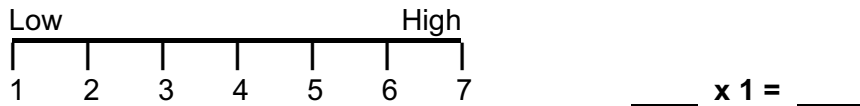
1. **Community Service:** community and school activities.



1. **Educational Benefit:** This may be demonstrated by academic performance, admission test results, or demonstrated competency in a specific and individual skill or aptitude



1. **Financial Need:** Need is determined by examination of the student's budget and their current tax information. Schooling costs may include: tuition, fees, books, supplies, room and board, and necessary commuting expense.



TOTAL _____

Comments:
