



## PREMIER COMMUNITY CREDIT UNION SCHOLARSHIP APPLICATION

Prior to beginning this application, please ensure you are a qualified recipient. Only U.S. citizens and legal residents who are members or children of Premier Community Credit Union members are eligible. Only completed applications will be considered. If you are unable to provide the documents requested (or equivalents), please do not send in the application. Applications deemed incomplete or late will not be reviewed or otherwise acknowledged. Premier Community Credit Union will not return any scholarship applications or related materials. Scholarships are only awarded directly to the winning applicant's school of choice after enrollment has been confirmed.

**\*\* DUE DATE: Turned-in by 12/24th, 2020 – NO EXCEPTIONS \*\***

### INSTRUCTIONS:

A complete application will contain the following documents:

- I. Completed, Signed Application
- II. Federal Estimated Family Contribution (see Item 1)
- III. School Transcript and Form SC-2 (see Item 2)
- IV. Recommendation Letter(s) Form SC-3 (see Item 3)
- V. Personal Essay (see Item 4)

**Item II – Federal Estimated Family Contribution (EFC)** - Attach the SAR (“Student Aid Report” - the government’s response to a completed Free Application for Federal Student Aid [FAFSA]). If a SAR is not available in time to file the application, a printout of the “Web Submission Confirmation” showing the EFC is acceptable, along with a copy of the submitted FAFSA application.

NOTE: Scholarship grants are weighted towards those with financial need. If the applicant feels the government’s EFC is inaccurate, please provide additional information you consider relevant to your financial situation. More information may be found at <https://studentaid.ed.gov/sa/fafsa>

**Item III - School Transcript** – An unofficial printout will suffice, however an official transcript will be required for all finalists. If the grading scale is non-traditional, please include explanatory information. If extenuating circumstances preclude including any of the above information, please state why.

**Item IV – Recommendation Letter(s)** - At least one, but no more than two, non-family members should forward Form SC-3 to the address below (may also be included with application). Ideally, one should be from a teacher, professor or individual familiar with academic performance.

**Item V. - Essay.** Please attach a personal essay on the following topic. Please limit the essay to two pages.

### **Importance of Financial Education as a Part of Academic Courses**

All completed applications will be evaluated and scored by the Grant Committee in February. All applicants will be notified generally before the end of February. Please return completed applications to:

Premier Community Credit Union  
Attn: Marketing Department/Scholarships  
3315 W. Benjamin Holt Drive  
Stockton, Ca 95219



**PREMIER COMMUNITY CREDIT UNION  
SCHOLARSHIP APPLICATION**

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION INSERTED IN FORMS  
DELIVERED TO PREMIER COMMUNITY CREDIT UNION.**

**Part A. Applicant Information**

**Applicant's Name** (First, Last, Middle Initial) \_\_\_\_\_

**Email address** for notification purposes: \_\_\_\_\_

<b><u>PERSONAL DATA</u></b>				
PERMANENT ADDRESS IN FULL APT., ST. NO., OR R. ROUTE:			BIRTHDATE / AGE	
TOWN/CITY	STATE	ZIP	CELL PHONE	
PRESENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			SSN (Last 4 digits only)	
TOWN/CITY	STATE	ZIP	HOME PHONE	
FATHER'S OR GUARDIAN'S FULL NAME			LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION	EMPLOYER			
MOTHER'S OR GUARDIAN'S FULL NAME			LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION	EMPLOYER			
ADDRESS OF PARENT OR GUARDIAN			ZIP	
<b><u>B. SCHOOL DATA</u></b>		LIST ALL PRESENT AND PREVIOUS SCHOOLS YOU HAVE ATTENDED		<b><u>DATES ATTENDED</u></b>
HIGH SCHOOL	NAME	COUNSELOR'S NAME		FROM
	ADDRESS	PHONE		TO
	CITY	STATE	ZIP	YEAR GRADUATED
OTHER SCHOOL / PROGRAM	NAME	COUNSELOR'S NAME		FROM
	ADDRESS	PHONE		TO
	CITY	STATE	ZIP	YEAR GRADUATED
<b><u>C. FIELD OF STUDY</u></b>				
NAME OF (FIRST CHOICE) COLLEGE / UNIVERSITY / PROGRAM				
FULL ADDRESS OF COLLEGE/UNIVERSITY			CITY	STATE ZIP
HAVE YOU BEEN ACCEPTED FOR ADMISSION?		<input type="checkbox"/> YES	STARTING TERM. YEAR.	<input type="checkbox"/> NOT YET ACCEPTED <input type="checkbox"/> STILL APPLYING
STATUS WITH COLLEGE/UNIVERSITY IF PRESENTLY ATTENDING:		<input type="checkbox"/> FRESHMAN		
IN WHAT COURSE DO YOU PLAN TO OR CURRENTLY MAJOR AT COLLEGE?			DO YOU PLAN TO GO TO GRADUATE SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT PROFESSION OR VOCATION DO YOU PLAN TO FOLLOW AFTER COLLEGE?				

**PART D. OTHER PROGRAMS CONSIDERED.** If you are not yet accepted to the program of your first choice (listed above), please indicate what other programs / schools you are considering.

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**PART E. EXTRACURRICULAR ACTIVITIES.** We believe Activities round out a person's life, serve as avenues of creativity, and a means to give back to community. Please let us know your passions, involvements and accomplishments in this area, as well as Leadership positions, awards, honors, more extensive time commitment, etc. The following will serve as a guide for you, but is not meant to be inclusive. Indicate length of time involved and any specific positions held (i.e. band member for 4 years, section leader 2 years, conductor, senior year) – feel free to add an additional sheet as necessary.

Activities -	# years	Activities	# years
Most clubs	_____	Peer Counselor/Tutor	_____
Choir/Orchestra/Jr. Symphony	_____	Newspaper/yearbook	_____
Band (Marching or Performance)	_____	Junior Achievement/DECA	_____
Plays/Musicals Cheerleading /Spirit	_____	Debate/Forensics	_____
Boy-Girl Scouts	_____	Student Congress/Student Government	_____
DAR Good Citizen	_____	Science Olympiad/Quiz Bowl	_____
Church/synagogue youth groups	_____	Mock Trial/Youth in Government	_____

Leadership	#years	Leadership	#years
Offices other than president	_____	All State recognition	_____
Band Section leader	_____	Drum major/Concert Master/Mistress	_____
Captain of sports teams	_____	Eagle Scout	_____
Student Council or Class President	_____	Editor of school paper/yearbook	_____
District/Regional recognition (individual)	_____	Head of community activity	_____
Editor of a section of the school paper/yearbook	_____	Lead role in play/musical	_____

- For college students, fill out your extracurricular activities and leadership activities on separate sheet.

**Volunteer Activities-**Volunteer activities (either ongoing or one time or short-term events) should be grouped together- i.e.- car wash, bread lift, blood drive, etc. Please list any volunteer activity and the number of hours spent on each activity.

Activity and dates	#hours	Activity and dates	#hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART F. WORK EXPERIENCE.** Please indicate below the type of work experience you have acquired. Include positions held, hours worked (i.e. 20 hrs during school year, full-time summer, etc.), supervisory positions held, self-employment, etc.). Feel free to add an additional sheet as necessary.

Summer employment- Please list all summer employment in the spaces provided and the estimated number of hours worked in the position – 12-week periods for high school seniors (240+ hours) and 15-week periods for college students (360+ hours).

Place and dates of summer employment	Estimated summer hours worked
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Academic year employment and dates	Estimated academic hours worked
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Traditional Employment (over last 4 years, please give dates) - this would include family limitations- i.e. caring for dependent children/relatives, physical limitations, duties on farm, non-paid responsibilities.

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**PART G. OTHER AID.** Please list all other scholarship or financial aid programs to which you have applied.

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Please initial the bottom of each page. All materials must be delivered in a large envelope by the applicable due date to:  
Premier Community Credit Union  
c/o Scholarship Grant Selection Committee  
PO Box 8929  
Stockton, CA 95208

*"I certify with my signature below that, to the best of my knowledge, the information provided in this application is true and correct. I understand that the scholarship for which I am applying, if awarded, will be paid directly to the institution to defer the cost of my education."*

APPLICANT'S SIGNATURE	DATE
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In the event you are selected as a scholarship recipient, your signature below authorizes the use of your name for purposes of press releases and other documents:

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### RELEASE AUTHORIZATION

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I hereby give Premier Community Credit Union the absolute and irrevocable right and permission to release my name to the media solely for the purpose of announcing scholarship winners. \_\_\_\_\_  
(Initial)

In addition, I authorize the use of my picture and short biographical information for inclusion in a brochure to be used as a celebratory, informational document. I understand the information used will come from the application submitted and that I may not have the opportunity to review or edit such information before publication of the brochure. \_\_\_\_\_  
(Initial)

I hereby release and indemnify/discharge Premier Community Credit Union from any and all claims or demands arising out of or in connection with the use of photographs and personal information, as described above, including any or all claims for libel.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Guardian Signature (for minor applicants)

**PREMIER COMMUNITY CREDIT UNION  
EDUCATIONAL REPORT ON SCHOLARSHIP  
APPLICANT**

**Applicant:** Please sign your name on the line indicated below and take to your counselor/advisor, along with an envelope addressed to the Foundation.

**Counselor/Advisor:** I have applied to Premier Community Credit Union to be considered for a scholarship grant. Information about my high school performance is needed by the Scholarship Grant Selection Committee, which determines which applicants will receive scholarships. Please help me by forwarding as much of the following information as is available. An envelope is attached for your use. Thank you.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Attachments:

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Educational Report on Scholarship Applicant (Form SC-2) | <input type="checkbox"/> PSAT Score (Verbal and Math) |
| <input type="checkbox"/> Copy of Grade Transcript  | <input type="checkbox"/> ACT Score (Comp./percentile) |
| <input type="checkbox"/> Merit/Selective Score   | <input type="checkbox"/> EEB Score (Verbal and Math)  |
| <input type="checkbox"/> Class Rank ** ___ of _____ # of students                          | <input type="checkbox"/> GRE Score                    |
|  | <input type="checkbox"/> Other:                       |

\*\* Class rank is computed on the basis of (circle one): All subjects      Academic subjects only  
Grade Point Average \_\_\_\_\_ Grading system: A = \_\_\_\_\_ Average ACT/SAT for class = \_\_\_\_\_  
Advances Classes: College Level \_\_\_\_\_ AP \_\_\_\_\_ Gifted/Talented \_\_\_\_\_

**Counselor/Advisor:** Use the space below to provide any additional information to help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include a brief summary covering the applicant's involvement in school and related areas. Your comments will be held in strict confidence. Add additional sheet(s) if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ By: \_\_\_\_\_  
NAME TITLE Initial

Please return form and any additional information directly to Premier Community Credit Union, Scholarship Grant Selection Committee, P.O. Box 8929, Stockton, CA 95208. The credit union must receive this form by **Lcpwct { '53, 2018.**



**PREMIER COMMUNITY CREDIT UNION  
RECOMMENDATION ON SCHOLARSHIP  
APPLICANT**

**Applicant:** Please sign your name on the line indicated below and take to a non-family member, along with an envelope addressed to the Foundation. This individual will preferably be a faculty member or another individual active in your chosen field, although any adult, non-family member may provide the required recommendation.

**Non-Family Member:** I have applied to Premier Community Credit Union to receive a scholarship grant. Information about my academic experience, relevant extracurricular activities and personal standards is needed by the Scholarship Grant Selection Committee, which determines who will receive a scholarship award. Please help me by completing and forwarding this form in the envelope attached for your use. The deadline for this information is February 12, 2018. Thank you.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Use space below or attach a separate letter to provide information that would help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include information such as that described above. Your comments will be held in strict confidence.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ By: \_\_\_\_\_  
NAME

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

Please return this form directly to Premier Community Credit Union, Scholarship Grant Selection Committee, P.O. Box 8929, Stockton, CA 95208. The credit union must receive this form by **January 24th, 2020.**