

New England Federal Credit Union Nursing Scholarship Application



*For the Recognition
of Scholastic
Excellence &
Encouragement of
Nursing Education*

APPLY TODAY!

Scholarship applications must
be postmarked no later than
February 28, 2018.



**New England
Federal Credit Union**

New England Federal Credit Union

> **Nursing Scholarship Program**

The purpose of the Scholarship Program is to recognize members who have shown scholastic excellence and who are interested in advancing their education.

Scholarship Awards

New England Federal Credit Union will award three (3) \$3,000 scholarships to be paid jointly to the recipient and to the accredited school of choice. The recipients shall be limited to one scholarship award.

Eligibility

1. Applicant must be a member in good standing with the Credit Union. Applicants applying under parent(s) member number will not be considered.
2. Applicant must be applying to or enrolled in an accredited undergraduate or graduate nursing program at a college, trade school, or university (*minimum 6-credit semester or the equivalent*).
3. Employees and Volunteers of NEFCU, as well as members of their immediate families and households are not eligible. Previous NEFCU scholarship recipients are also not eligible.

Requirements

1. Copy of your high school or college transcripts (*unofficial copies will be accepted*) or GED (General Education Degree) and any related work experience. NOTE: *Please make sure the name of the institution is on the transcript.*
2. New England Federal Credit Union believes in sharing our success with the community. Please complete a maximum 250 word essay describing how you will use this degree to contribute to your community. NOTE: *Please attach your typed and double spaced essay to your Scholarship Application.*
3. Completed Scholarship Application.
4. Applications that are incomplete, late, or not in accordance with directions will be ineligible.

Selection and Schedule

A New England Federal Credit Union Scholarship Application must be completed in full and returned (with requirements listed above) to the Credit Union postmarked by **February 28, 2018**.

No applications will be accepted after this date. Completed applications can be submitted at a branch or mailed to: New England Federal Credit Union, Attn: Scholarship Committee, P.O. Box 527, Williston, VT 05495. Upon receipt of your application, the Credit Union will mail you a confirmation letter. New England Federal Credit Union will not be responsible for lost mail or delays in delivery of mail. Scholarship recipients will be notified by **April 20, 2018**.

NOTE: *All applications will be judged by a selection panel. Scholarships will be awarded based upon the applicant's overall achievements and personal essay. NEFCU reserves the right to discontinue this scholarship program at anytime without notice. NEFCU reserves the right to withhold scholarship awards if there are no qualified applicants.*

New England Federal Credit Union > **Nursing Scholarship Application**

**COMPLETE ALL PORTIONS OF THIS APPLICATION. PLEASE PRINT IN BLUE OR BLACK INK, OR TYPE;
AND ATTACH A SEPARATE SHEET IF NEEDED TO PROVIDE ADDITIONAL INFORMATION.
(PENCIL APPLICATIONS NOT ACCEPTED)**

I hereby apply for a New England Federal Credit Union Nursing Scholarship. I understand if I am selected to receive this scholarship, New England Federal Credit Union has no legal liability or obligation to me other than the payment of the Scholarship Award to the accredited school of choice.

(If you choose not to enroll in school after payment of the scholarship all funds must be returned to NEFCU.)

Name: _____ **NEFCU Member No.** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Daytime Phone: () _____ **Evening Phone:** () _____ **eMail Address:** _____

SECONDARY/
High School: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____
(ex. 3.8 on 4 pt. scale)

Secondary/High School: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____

College: _____ City: _____

State: _____ Zip: _____ Degree/Diploma: _____

Year Graduated: _____ Cumulative Grade Point Average: _____

CURRENT COLLEGE / EDUCATION INSTITUTION
or UNIVERSITY
you attend or plan to attend: _____ Enrollment Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REFERENCES:
List two (2) individuals who may be contacted by the Selection Panel regarding your character, academic achievements, and/or educational potential.

Name: _____ Position: _____

eMail Address _____ Home Phone: () _____ Work Phone: () _____

Name: _____ Position: _____

eMail Address _____ Home Phone: () _____ Work Phone: () _____

List honors and awards: _____

Extra-curricular/Volunteer activities: _____

Describe an instance where you have demonstrated leadership: _____

Work experience (*paid and unpaid*): _____

Please attach your essay to this application.

Certification and Release Authorization.

I/We certify that this information is complete and accurate. I/We authorize the release of this information to confirm and/or verify this application. I/We further grant unto New England Federal Credit Union the right to use my name and/or photograph in connection with any New England Federal Credit Union promotions, including advertising, related to this scholarship program. This grant is made without claim of any kind, including compensation.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(if under 18 years)

