



Member Scholarship Application Cover Sheet

Education Credit Union Foundation's ECU Member Scholarship is offered to Education Credit Union members graduating high school. Opportunity Plan, Inc. will select four ECU applicants each year to receive a scholarship of up to \$4,000. Each student will receive \$1,000 each semester for four semesters as long as he/she maintains the minimum eligibility requirements as stated below.

Minimum Eligibility Requirements:

1. Applicants must be an ***active member*** of ECU for at least **one full year prior** to application.
2. Applicants must plan to enroll on a full-time basis (**12 credit hours**).
3. Applicants must have a minimum grade point average of **3.00**.

In addition to this application and cover sheet, students must submit the following:

- _____ 1. Member Verification form (obtain from ECU).
- _____ 2. This cover sheet.
- _____ 3. Two letters of recommendation.
- _____ 4. Most recent IRS Form 1040 for both the student and parent(s).
- _____ 5. Official High school transcript and a copy of ACT or SAT scores.
- _____ 6. Applicants who have completed any dual credit courses need to provide an official transcript which includes grades from the most recent semester completed.

Incomplete applications (including signature) and applications without these pieces of documentation **WILL NOT** be processed.

Application deadline is **April 1** of each year. **Applications should be returned to Opportunity Plan, Inc. at the address listed below.**

*Active account is defined as a minimum of 10 transactions a month or at least one monthly deposit of at least \$25.

For the full scholarship application please visit www.ecu-foundation.org

Education Credit Union Member Scholarship Fund is managed by:



504 24th Street * P.O. Box 1035
Canyon, Texas 79015
(806) 655-2528

www.OpportunityPlan.com

facebook.com/OpportunityPlan * [Twitter: @OPIfinaid](https://twitter.com/OPIfinaid)

Education Credit Union Member Scholarship Application

Name _____ Social Security # _____

Permanent Address _____ Phone _____
Street or Box City State Zip

Applicant's
Address at School _____ Phone _____
Street or Box City State Zip

Applicant's e-mail address _____

* Date of Birth _____

* Applicant's Marital Status

_____ Never Married
_____ Married
_____ Separated
_____ Divorced
_____ Widow(er)

* Applicant's Ethnic Group

_____ African American
_____ American Indian
_____ Asian
_____ Caucasian
_____ Hispanic
_____ Other

* Names and ages of dependent children _____

* Names and ages of brothers and sisters _____

**Indicates Voluntary Field - This information will not be used in a discriminatory manner.*

Institution applicant is attending or plans to attend _____

Have you been accepted? _____ Major _____

Expected college graduation date _____

Applicant plans to live:

_____ on campus
_____ off campus

Classification: _____ Freshman _____ Sophomore _____ Other

Total Credit Hours Completed: _____ Grade Point Average: _____

U.S. Citizen or National? _____ yes _____ no Texas resident? _____ yes _____ no

If single, please complete Section A. If married, please complete Section B.

SECTION A:

Father's name _____ Occupation _____

Father's address _____ Phone _____
Street or Box City State Zip

Father's e-mail address _____

Mother's name _____ Occupation _____

Mother's address _____ Phone _____
Street or Box City State Zip

Mother's e-mail address _____

SECTION B:

Spouse's name _____ Social Security _____

Spouse's occupation _____ Annual Salary \$ _____

SECTION C:

High school attending _____ Graduation date _____

Number in graduating class _____ Rank in class _____

ACT score: _____ Composite SAT score: _____

Math _____ Writing _____

Critical Reasoning _____

Will you be employed while in college? ____ yes ____ no

Employer: _____ Occupation _____

Number of hours worked per week _____ Salary \$ _____ per hour or annual
(Circle which applies)

Name and location of hometown newspaper _____

May we use your name for publicity purposes on our website, in newsletters, etc.? ____ yes ____ no

Who referred you to Opportunity Plan, Inc.? _____

Please explain how assistance from OPI will assist you in achieving your educational goals. Use additional space if needed.

List community activities, church activities, and school related extracurricular activities during Grades 9-12 and “x” the time periods in which applicant was involved.

Activities	9 th	10 th	11 th	12 th	Officer, member, etc.

List special recognition, awards, and honors received during Grades 9-12 and “x” the time periods in which award was received.

Recognition, honors, awards	9 th	10 th	11 th	12 th	Group sponsoring award

List all work experience and “x” the time periods in which you were employed.

Employer	9 th	10 th	11 th	12 th	Summers	Position

Statement of Financial Need

Since the element of financial need can be one of the determining factors used by the Scholarship Committee in selecting the recipients, it is important that complete and accurate information be supplied in the space below concerning your financial need for assistance in attending college. You are again reminded that all information, financial or otherwise, furnished to the committee is kept in the strictest confidence.

1. Please indicate your parents' combined income range, if you can be claimed as their dependent, according to ***most recent income tax returns***. If married or not a dependent of your parents, please indicate your family's combined income range.

_____ \$0 - 25,000

_____ \$41,000 - 55,000

_____ \$71,000 - 100,000

_____ \$25,000 - 40,000

_____ \$56,000 - 70,000

_____ over \$100,000

2. Please list any other scholarships or grants that you will receive and the amount of each.

Are any of these renewable? _____

3. Other than your savings and your family's contributions (to be included on the next page), what other sources of college funds are available to you? (i.e. student loans, Texas Tomorrow Fund, federal Pell grants, trusts, insurance benefits, etc.)

\$ _____

4. Have you applied for federal financial aid by filing the Free Application for Federal Student Aid (FAFSA)? ___yes ___no

Please indicate in the blanks provided any sources of income you will have during the *upcoming school year*.

Source of Income:	Amount:
Parent(s)/Spouse (for your expenses)	\$ _____
Scholarships/Grants	\$ _____
Student loans	\$ _____
Work income.....	\$ _____
Savings	\$ _____
Other (describe) _____	\$ _____
TOTAL	\$ _____

Please indicate in the blanks provided all expenses which you will incur during the *upcoming school year*. Your institution's catalog and/or website should help you estimate these expenses.

Expense:	Amount:
Tuition and fees.....	\$ _____
Books and supplies	\$ _____
Room and board (or apartment rent, utilities, groceries)	\$ _____
Installment payments (car payment, insurance, etc.)	\$ _____
Transportation expenses (gas, oil change, etc.)	\$ _____
Personal expenses	\$ _____
Other (describe) _____	\$ _____
TOTAL	\$ _____

Signature of Applicant

Date