

# Scholarship Application

HOLY ROSARY CREDIT UNION

## Scholarship Information

1. Five Scholarships will be offered at \$1,000 each.
2. Anyone who has been a member of Holy Rosary Credit Union for a minimum of six months is eligible to apply.
3. The applicant must be a full time student.
4. Employees of the Credit Union are eligible, provided they are not currently being reimbursed for college courses by the Credit Union.
5. The applicant must be attending a college or university, regardless of the year they have enrolled in (Freshman, Sophomore, Junior, Senior year).
6. The applicant must attach to the application a High School or College Transcript and grade point average.
7. Application deadline is April 15, 2010

## The Criteria for Selection will be based on:

1. Past Academic success.
2. The student's grade point average and rank in class.
3. Financial need.



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***If you need additional information regarding  
Holy Rosary Credit Union's Scholarship, call (603) 332-6840.***

# Holy Rosary Credit Union Scholarship Application

Member Account Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

What Major or Profession do you plan to pursue? \_\_\_\_\_

Name of College/School to which you have been accepted and will be attending full time:

\_\_\_\_\_

## Estimated Annual School Expenses:

Tuition \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Commuter Travel \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

List community activities (volunteer, etc): \_\_\_\_\_

\_\_\_\_\_

Work (employer, number of hours, duties): \_\_\_\_\_

\_\_\_\_\_

Attach a copy of your 1040 and a copy of whomever claims you as a dependent, as well as the most recent high school or college transcript and grade point average.

The signature below will attest to the correctness of the information given and grants permission to Holy Rosary Credit Union to make this information and student academic records available to the Scholarship Committee per Law 93-380.

Student's Signature: \_\_\_\_\_ Student's SS #: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Return by April 15, 2010 to:**

Scholarship Committee  
P.O. Box 234  
Rochester, NH 03866-0234