



## Member Scholarship Application Cover Sheet

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Education Credit Union's (ECU) Member Scholarship is offered to our 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 \*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.

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The Education Credit Union Member Scholarship Fund is managed by:



facebook.com/OpportunityPlan \* Twitter: @OPIfindaid

# 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 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	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 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Group sponsoring award

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

Employer	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	Summers	Position

## *Statement of Financial Need*

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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.

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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.

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Are any of these renewable? \_\_\_\_\_

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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*.

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

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.

<b>Expense:</b>	<b>Amount:</b>
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) _____ .....	\$ _____
<b>TOTAL</b> .....	\$ _____

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

\_\_\_\_\_  
Date