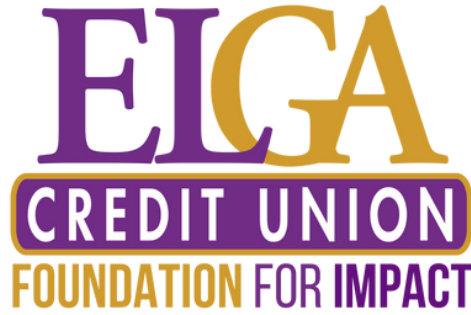


**Scholarship Deadline**  
**March 21, 2025**



## **Scholarship Application**

Four (4) \$2,500 scholarships will be awarded to students who are currently enrolled as high school seniors or higher education (an undergraduate, trade school, etc). Open to ELGA Credit Union members and non-members.

The completed application must be emailed to [education@elgacu.com](mailto:education@elgacu.com) by close of business day on **March 21, 2025**.

### **Personal Information:**

Name:

ELGA CU Account Number (if applicable):

Address:

City:

State:

Zip:

Phone Number:

Email:

### **Education Information:**

High School:

Graduation Year:

GPA:            SAT/ACT Score:

Expected College Graduation Year:

College:

College Cumulative GPA (if applicable):

Intended Major:

### **Goals:**

What do you hope to achieve in the next five years?

## High School/College Activities

List all activities (clubs, sports, music, drama, community organizations, church, etc.) with which you have been involved. Include responsibilities and any offices held.

## Awards and Honors

## Employment

Place Employed	Dates Employed	Position Held	Duties Performed

## Community Service

List any community service you have been a part of along with the approximate number of hours for each type of community service. Number of Community Service Hours Total:

## **Additional Information**

List any additional information you want the scholarship committee to know.

## **Letters of Recommendation**

Two letters of recommendation must be submitted with this application. Recommendations should come from those who can speak of your character, abilities, achievements, community involvement, and/or leadership abilities (a counselor, teacher, coach, etc.). This should NOT be a family member.

## **Additional Attachments Needed**

- High School Transcript
- College Transcript (if you are currently enrolled in college)
- Acceptance Letter or evidence of enrollment to an accredited higher learning (university, college technical, skilled trades or vocational institution)

## **Scholarship**

The ELGA Credit Union Foundation for Impact is deeply committed to its mission of “helping people and changing lives.”

Our goal is to provide essential resources, inspire hope, and support communities, to help bridge the gap. We believe in the importance of empowering individuals to pursue their dreams and lending a helping hand to create meaningful change.

The scholarship committee will choose a maximum of four (4) recipients. The recipients may be high school seniors or currently enrolled in an accredited higher learning program.

## **People Helping People Scholarship:**

For this scholarship, we invite applicants to share their experiences and insights through a 750–1500-word essay. In your essay, please describe how you have actively embraced the foundation’s mission of helping people and changing lives, or how you plan to utilize your higher education to further this mission.

We are looking for applicants who are passionate about positively impacting their communities and who can demonstrate a clear commitment to this philosophy.

# **ELGA Credit Union Foundation for Impact Scholarship Notice of Understanding**

(actual signatures needed for remainder of application)

## **Application Deadline**

Complete application must be emailed to [education@elgacu.com](mailto:education@elgacu.com) by close of business day on March 21, 2025. Any incomplete applications or applications with missing documents will be disqualified. Application can be completed online or printed and completed with blue or black ink. Any essays submitted must be typed, 12 pt Times New Roman, double spaced, and not hand written.

## **Selection Process**

All eligible applications will be reviewed by the 2025 Scholarship Committee (volunteers) made up of ELGA Credit Union associates and/or Foundation for Impact board members. ELGA Credit Union does not discriminate on the basis of race, religion, age, gender, marital status, financial status, national origin, sexual orientation, or disability.

## **Eligibility**

Applicant must be working toward an undergraduate degree (not masters or graduate degree). All applicants must have a GPA of 2.0 or higher and plan to enter higher education in the next academic year. Eligible higher education includes universities, colleges, technical, skilled trades, and vocational institutions. ELGA Credit Union employees, board, Committee members, and their immediate families are NOT eligible to apply.

## **Awards**

Four (4) Two Thousand Five Hundred Dollar (\$2,500) scholarships will be awarded. Scholarship recipients will be contacted by April 28, 2025. All other applicants will be contacted by email or mail by April 28, 2025. The awards will be paid directly to the educational institution in which the student is enrolled. The award is to provide financial assistance to the recipient in their pursuit of an undergraduate degree. The award money shall be used for the student's tuition, fees, books, or other school fees. Awards will be paid out by the beginning of academic year.

The awards are intended to constitute qualified scholarships exempt from federal income tax under Section 117 of the Internal Revenue Code of 1986, as amended. Use of the amount for purposes other than those noted may jeopardize tax exempt status. If tax liability arises, it will be the sole responsibility of the recipient. ELGA Credit Union shall maintain records, administer and provide all necessary staffing for the ELGA Credit Union Scholarship(s).

I, \_\_\_\_\_, agree I have read and complied with the notice of understanding requirements.

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

\_\_\_\_\_  
Date

# **ELGA Credit Union Foundation for Impact Scholarship Certification and Media Authorization & Consent Release**

(actual signatures needed)

## **Certification of Applicant**

I certify the information in this application and all accompanying documents are true and complete to the best of my knowledge. I also certify, I personally answered all questions and composed the materials relating to the chosen scholarship myself. I understand if for any reason I discontinue my studies, I must notify ELGA Credit Union within 10 days. I grant permission to release school records to the ELGA Credit Union Foundation for Impact Scholarship Committee.

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

\_\_\_\_\_  
Date

## **Media Authorization Consent & Release**

Scholarship recipients will be recognized through various communication channels internally and externally for marketing, publicity, and public relation use. All submissions, including video and materials become the property of ELGA Credit Union Foundation for Impact and will not be returned.

I, \_\_\_\_\_, consent to allow ELGA Credit Union to use my name, photograph(s), video, print and interactive media for the use and re-use through web communications, publicizing, advertising, and social media. I further grant ELGA Credit Union partners the right to use the same materials.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date