



SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

NAME:

DATE OF BIRTH:

SOCIAL SECURITY #:

ADDRESS:

PHONE #:

EMAIL ADDRESS:

SEACOMM ACCOUNT #:

PARENT/GUARDIAN:

ADDRESS:

PHONE #:

EMAIL ADDRESS:

If you are not a member of SeaComm Federal Credit Union, please designate a referring member of SeaComm (your parent or legal guardian) that is in good standing:

REFERRING MEMBER:

SEACOMM ACCOUNT #:

MEMBER SIGNATURE:

EDUCATION

HIGH SCHOOL:

HIGH SCHOOL GPA: (*MUST BE >85)

COLLEGE/UNIVERSITY OF ACCEPTANCE:



NOT ACCEPTED BUT
HAVE APPLIED TO:

MAJOR FIELD OF
STUDY:

IMMEDIATE FAMILY
ATTENDING COLLEGE:

COLLEGE(S)
IMMEDIATE FAMILY
ATTENDS:

AWARDS AND
SCHOLARSHIPS
RECIEVED:

WORK AND VOLUNTEERING

EMPLOYMENT
DURING SCHOOL:

PAID HOURS:

VOLUNTEER WORK
DURING SCHOOL:

VOLUNTEER HOURS:

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IN ORDER TO FUFILL THE APPLICATION REQUIREMENTS, PLEASE ATTACH THE FOLLOWING:

- **Copy of your parent/guardian Federal Income Tax return for 2023**
(Only the portion that contains the taxable income - for example: Page 1 of Form 1040 2023)
- **Submit an essay of no more than 250 words on the following topic:**
What is the most significant challenge faced by your generation, and what solutions would you propose to address it?
- **Proof of GPA/High School Status**
(Copy of report card or transcript)
- **Documentation certifying your acceptance to an accredited College/University/Trade School**

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN AND WITH THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE, TRUE AND FACTUAL. I UNDERSTAND THAT ANY MONEY PROVIDED TO ME IN THE FORM OF A SCHOLARHSIP FROM SEACOMM IS TO BE USED IN THE PURSUIT OF MY COLLEGE EDUCATION

STUDENT
SIGNATURE

DATE:

MEMBER
SIGNATURE

DATE: