Loudoun Scholarship Application

Thank you for your interest in Loudoun Credit Union's scholarship program.

Loudoun Credit Union will be offering three (3) \$1,000 scholarships for the current class. Please read this page carefully. You will be asked to sign your application stating that you have read and understand this information. If you have questions, please contact Loudoun Credit Union at (703) 777-4744. To be considered, your application must be signed.

Eligibility Requirements

To be eligible for the scholarships, student applicants must:

- Be a graduating high school senior;
- Be a member of Loudoun Credit Union;
- Become a primary member of Loudoun Credit Union by December 1 of the prior year;
- Applicant's account must be in good standing;
- Entering college as a freshman who will be taking at least nine credit hours per semester at an accredited college or university. Students may be in either an undergraduate or an associate degree program at a community college;
- Entering a Technical School as a full-time, first-year student.

Eligibility Policy

- Completed application must be received at Loudoun Credit Union by the date listed on the website;
- Please print or type application;
- All information provided on the application must be true and accurate;
- Scholarship recipients will be notified prior to the credit union's annual membership
 meeting. Scholarships will be presented during the annual meeting. If a student is not able
 to attend in person, their scholarship will be mailed to them;
- Decisions of the Loudoun Credit Union Scholarship Committee are final.





Criteria

Applicants are awarded based on the following criteria:

Academics: 50%School Activities: 25%Community Activities: 25%

Application Instructions

- Verify that you, the applicant, have a share (savings) account with your name as the primary member;
- Read all instructions before completing any forms;
- Answer all questions. Do not use acronyms. For example: Use Future Farmers of America instead of FFA;
- Have someone else proofread your application;
- Include your transcripts. Indicate if your school is sending your transcripts directly to the credit union;
- Have all completed forms, transcripts and teacher references to Loudoun Credit Union by the end of business on March 15, 2024. Mail to Loudoun Credit Union, 801 Sycolin Road SE, Ste. 101, Leesburg, VA 20175.





Scholarship Application

Please print or type and complete all fields

Student Information

All information on this form will be kept strictly confidential.

| Applicant's Name: | | | | | |
|---|-------------------------------------|--|--|--|--|
| Parent's Name: | | | | | |
| Address: | | | | | |
| Phone: | Date of Birth: | | | | |
| High School: | Grade Point Average: | | | | |
| Guidance Counselor's Name | | | | | |
| LCU Account Number: | Length of Time as a Primary Member: | | | | |
| School you plan to attend: | Are you accepted yet: | | | | |
| Intended Major: | | | | | |
| Anticipated Enrollment Status: (Full Time or Part Time) | | | | | |
| Are you presently working? | If yes, where: | | | | |
| Hours per week: | | | | | |

Please attach high school transcripts. Your transcripts should include your Junior and first semester of Senior year. Also include your second semester Senior year class schedule.

School Activities

| List your school activities, number of years in each activity and any leadership positions you have held. | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _ |
| | |
| | |

Community Services

| Loudoun Credit Union is very community oriented. Tell us how you have been involved in your community and what affect it had on the community. | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Goals

| How did you determine your educational goals and how are you planning to use your degree? |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| How do you believe Loudoun Credit Union could help you achieve your lifetime goals? |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

References

| List two teachers who are willing to evaluate you for a scholarship. Please have the |
|--|
| teachers complete the enclosed evaluation form and send them directly to Loudoun |
| Credit Union |
| |

| 1 | | | |
|---------|------------------------------------|---|---|
| 2 | | | |
| | | | |
| Asap | participant in the community, ha | ve either an employer or community volunteer / | / |
| leade | er complete the enclosed evalua | ation form and send it directly to Loudoun Credit | |
| Union | n. | | |
| Name | e: | | |
| | J | | |
| | | | |
| | | | |
| | I have read the eligibility requir | rements and understood their meaning. Also, | |
| | | nding with my High School of Ethics policy. | |
| | | | |
| | | | |
| | Student Signature | Date | |

High school Faculty Reference Form

Teacher's Signature



Phone Number

| Dear Faculty Member, | | | | |
|------------------------------------|----------------------|---------|----------|--------------------------------------|
| ou have been selected to submi | it a refe | rence | for | |
| vho has applied for a Loudoun C | | | | |
| | | | | |
| | | - | | Selection Committee in their dec |
| | | | | in strict confidence. Your assistan |
| incerely appreciated. If more sp | ace is r | neede | d, pled | ase attached an additional sheet |
| paper. | | | | |
| eacher's Name | | | | |
| eacher's Subject Area: | | | | |
| otal semesters student has been | enrolle [,] | d in yc | our clas | sses (including current semester): _ |
| | | | | |
| eacher's Evaluation of Student: | | | | |
| Circle the approximate number: | | | | |
| + Outstanding 3 = Above Aver | age 2 | = Avei | age | 1 = Below Average |
| Work Habits | 4 | 3 | 2 | 1 |
| Academic Performance | 4 | 3 | 2 | 1 |
| Attendance | 4 | 3 | 2 | 1 |
| Motivation | 4 | 3 | 2 | 1 |
| Initiative | 4 | 3 | 2 | 1 |
| Attitude | 4 | 3 | 2 | 1 |
| | 1 | 3 | 2 | 1 |
| Participation | 4 | Ü | | 1 |
| · | 4 | Ü | | · · |
| • | 4 | Ü | | ļ |
| • | | | | |
| Participation Additional Comments: | | | | |

Date

High school Faculty Reference Form

Teacher's Signature



| Dear Faculty Member, | | | | | CREDIT UNION |
|---|----------|----------|----------|------------------|---------------------------|
| You have been selected to submi | t a refe | erence | for | | |
| who has applied for a Loudoun C | redit ur | nion Sc | cholars | hip. | |
| Your evaluation of this applicant verthe scholarship recipients. All informations appreciated. If more special paper. | rmatio | n will b | e held | in strict confid | lence. Your assistance is |
| Teacher's Name | | | | | _ |
| Teacher's Subject Area: | | | | | - |
| Total semesters student has been | enrolle | d in yc | our clas | ses (including | current semester): |
| Teacher's Evaluation of Student: Circle the approximate number: 4+ Outstanding 3 = Above Avera | age 2 | = Avei | rage | 1 = Below Aver | age |
| Work Habits | 4 | 3 | 2 | 1 | |
| Academic Performance | 4 | 3 | 2 | 1 | |
| Attendance | 4 | 3 | 2 | 1 | |
| Motivation | 4 | 3 | 2 | 1 | |
| Initiative | 4 | 3 | 2 | 1 | |
| Attitude | 4 | 3 | 2 | 1 | |
| Participation | 4 | 3 | 2 | 1 | |
| Additional Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Date

Phone Number

Employer or Community Leader Reference Form



| Dear Employer or Community Lea | ıder, | | | | CREDIT UNION |
|--|----------|------------|--------|-------------|-------------------------------|
| You have been selected to submi | t a refe | erence | for | | |
| who has applied for a Loudoun C | | | | | |
| Your evaluation of this applicant we the scholarship recipients. All info sincerely appreciated. If more spaper. | rmatio | n will b | e held | in strict c | onfidence. Your assistance is |
| Employer or Community Leader's | Name | | | | |
| Type of Service: | | | | | |
| Evaluation of Student: Circle the approximate number: 4+ Outstanding 3 = Above Average | age 2 | = Avei | rage | 1 = Below | Average |
| Work Habits | 4 | 3 | 2 | 1 | |
| Academic Performance | 4 | 3 | 2 | 1 | |
| Attendance | 4 | 3 | 2 | 1 | |
| Motivation | 4 | 3 | 2 | 1 | |
| Initiative | 4 | 3 | 2 | 1 | |
| Attitude | 4 | 3 | 2 | 1 | |
| Participation | 4 | 3 | 2 | 1 | |
| Additional Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Employer or Community Leader's Signatu | – re | —— Date | | | Phone Number |

Please return this form by March 15, 2024 to: Loudoun Credit Union, 801 Sycolin Road, SE, Ste. 101, Leesburg, VA 20175 Attn: Scholarships