



2024 Leigh Ann Graham Scholarship TIDEWATER CHAPTER OF CREDIT UNIONS

Deadline for submission: April 16th, 2024
Scholarship Award TBD, but not less than \$2,000

This application should be submitted to: Geri Metzger
c/o Beach Municipal Federal Credit Union
4164 Virginia Beach Blvd.
Virginia Beach, VA 23452

If not delivered in person, it must be postmarked no later than April 16th, 2024

I. General Information:*

Your Credit Union _____

Acct # _____ Years of Membership _____

Name _____ High School _____

 Last First Middle

Address _____ Your Phone () _____

 Street

SSN (Last Four Digits) _____

Apt # _____ City _____ Email _____

State _____ Zip _____

Parent's Name _____

[If not living with parent, give information of guardian.]

Parent's Address _____

of Brothers and Sisters living at home _____ Ages _____

Have you ever been or are you currently employed? _____

If so, where, and how many hours per week? _____

List your activities and club memberships in community, school, church, etc., including any offices held and/or work experience. *(Use a separate sheet if necessary.)*

List any awards or special honors that you have received. (Use a separate sheet if necessary.)

**The applicant must be a credit union member before the application is submitted. To be a member, you must have an account in your name and not be only a joint member on someone else's account. Do not submit this application if you are not a member of a credit union in the Tidewater Chapter of Credit Unions. Not all credit unions in the Tidewater/Hampton Roads area are members. If you are not sure if your credit union participates in this scholarship program, please contact them prior to filling out this application.*

Only completed applications that are postmarked by **April 16th, 2024** will be considered. A completed application includes:

- Transcripts
- 2023 Tax Return Form 1040**
- Application form pages 1 through 3 filled out completely and signed

***You must attach a copy of the parents'/guardians' Tax Return Form 1040 from 2023 with this application. Applications submitted without this form will not be considered.*

II. Confidential Financial Statement:

Father/Mother Occupation	_____	_____
Name of Employer	_____	_____
Position	_____	_____
Gross Annual Salary	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Total Family Gross Annual Income	\$ _____	

Do Parents: Own home _____ Rent _____ Buying _____

III. College/University Information:

Name and scholarship mailing address of college/university you are planning to attend:***

****The scholarship will be made payable to you AND the college/university, as shown above, and presented at our May 9th, 2024 Scholarship Night at the Greenbrier Country Club, Chesapeake, VA.*

Estimated tuition cost (yearly)	\$ _____
Books, travel, incidentals	\$ _____
Room & Board (yearly)	\$ _____
Total estimated first year costs	\$ _____
Less financial aid from school, family and student	(\$ _____)
Total estimated financial need	\$ _____

School Issued Student ID Number (if you have it) _____

IV. Special Circumstances:

Explain any special circumstances you feel the Board of Trustees should know in considering your need. (*Use a separate sheet if necessary.*)

V. Transcripts:

_____ School has my permission to release my son's/daughter's transcript so it may be attached to this application. I understand that this application must be complete, including transcript, before my son/daughter may be considered for a scholarship by Leigh Ann Graham Scholarship Board of Trustees.

Applicant Signature

Parent/Guardian Signature

VI. Certification:

Parent/Guardian Certification:

To the best of my knowledge, the information reported is complete and correct. I understand _____ is applying for financial aid to help with the educational expenses of _____. I approve this application.

Parent/Guardian

Date

Parent/Guardian

Date

Applicant Certification:

I hereby acknowledge that the information submitted herewith is true and correct. I allow my Credit Union listed on Page 1 of this application to verify my eligibility for consideration of this scholarship.

Applicant

Date

VII. In your own words, describe an accomplishment that you are most proud of. (*Use a separate sheet if necessary.*)

VIII. In your own words, write a paragraph on your future plans and career goals. (*Use a separate sheet if necessary.*)