

Constellation's 2017 Scholarship Award

Applications must be completed and submitted by **July 31, 2017**.

In order to qualify for the scholarship, a student must:

- Be a Constellation FCU Member
- Have completed at least one year at a recognized college, university, technical, or business school
- Have achieved an academic cumulative GPA of at least 2.75 or better
 - Be registered as a full-time student for the fall semester
- Be in need of financial assistance to continue his/her education



**CONSTELLATION FEDERAL CREDIT UNION
FALL 2017 SCHOLARSHIP APPLICATION
(must be complete to be considered)**

Application must be received by the close of business on July 31, 2017.

**Application can be mailed to 1810 Samuel Morse Dr. Reston, VA 20190 Attn: Anne Katzer.
It can also be emailed to akatzer@constellationfcu.org or faxed to 703-573-0973 Attn: Anne Katzer.

1. Name _____
2. CFCU Account Number _____
3. Daytime Phone Number _____
4. Address _____
5. City, State, and Zip Code _____
6. Email Address _____
7. Fall 2017 Status: Sophomore, Junior, Senior, Grad Student (please circle)
8. College or University Attending _____
9. Major _____

Please answer each of the following questions concisely on a separate piece of paper.

Please be specific in your answers.

1. Community/Extracurricular Involvement

Please list your membership and participation in any volunteer or school organization that you have been involved in.

2. Leadership

Describe any positions of leadership or authority you have held. Also, list the length of time you have held these positions.

Essay Questions

On a separate sheet of paper, please complete two 350 word short essays on the following topics and attach it to your application. All essays must be typed and submitted with a completed application.

1. How has your education contributed to who you are today?
2. What do you think the world will be like 10 years from now?

Applicant must have achieved a cumulative GPA of 2.75 or better, which is documented in the transcript. Attach or please mail an **OFFICIAL COPY** of your transcript. Transcripts must be received by the due date of July 31, 2017 or your application will not be considered.

Where can you be reached in July 2017?

Address _____

City, State, and Zip Code _____

Telephone number _____

Certification: I certify that all information provided is true and correct. I agree that CFCU may use my name and photograph (which I will provide) for publicity purposes, if I am selected as a scholarship recipient. I hereby give the CFCU Scholarship Committee permission to review my membership records, as applicable.

Signature of Member (Student)

CFCU Member Number

Date

Employees and volunteers of CFCU and their families are not eligible to be recipients of this scholarship*

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