

2024 Leigh Ann Graham ScholarshipTIDEWATER 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	Your Phone () SSN (Last Four Digits)	
State Zip Parent's Name [If not living with parent, give informatio Parent's Address	on of guardian.]	
# of Brothers and Sisters living at home	employed?	
	ek?in community, school, church, etc., including any offices arate sheet if necessary.)	

List any awards or special honors th	nat you have rec	eived. (Use a separate she	eet if necessary.)
*The applicant must be a credit unimember, you must have an account else's account. Do not submit this a Tidewater Chapter of Credit Union are members. If you are not sure if please contact them prior to filling	t in your name a application if yo s. Not all credit f your credit uni	and not be only a joint me ou are not a member of a c unions in the Tidewater/ on participates in this sch	mber on someone credit union in the Hampton Roads ared
Only completed applications that as completed application includes: • Transcripts • 2023 Tax Return Form 1040** • Application form pages 1 through	·		considered. A
**You must attach a copy of the parapplication. Applications submitted			
II. Confidential Financial Statemer Father/Mother Occupation Name of Employer	nt:		
Position			
Gross Annual Salary Other Income	\$	\$\$ \$\$	
Total Income	š	\$	
Total Family Gross Annual Income	\$		
Do Parents: Own home	Rent	Buying	_
III. College/University Information Name and scholarship mailing addre		niversity you are planning	to attend:***
***The scholarship will be made pay presented at our May 9th, 2024 Sch VA.	•		-
Estimated tuition cost (yearly)		¢	
Books, travel, incidentals		<u> </u>	
Room & Board (yearly)		\$	
Total estimated first year costs		\$	
Less financial aid from school, fami Total estimated financial need	iy and student	(\$)

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