

CHARLES HENRY CRIM MEMORIAL SCHOLARSHIP

The Charles Henry Crim Memorial Scholarship Committee is pleased that you are interested in applying for a scholarship. The completed application form must be postmarked and mailed by January 31, 2017 (late applications may not be accepted). Please provide the following:

1. A personal letter from you introducing yourself to us including your career, vocational, or academic goals.
2. Copy of high school transcript and test scores
3. Two letters of recommendation, preferably from teachers or adult friends
4. An essay describing your financial need (one page or less)

All information provided by the applicant will be kept confidential and will only be used for the purpose of the Charles Henry Crim Memorial Scholarship.

The JCU Board of Directors, Supervisory Committee, employees and their families are not eligible to receive the Charles Henry Crim Memorial Scholarship.

Jefferson Credit Union grants scholarships in the amount of \$500 per semester for two (2) semesters to incoming freshmen who have both significant economic need and sound academic record.

If the space on this application is insufficient, please elaborate in your personal letter or on an extra sheet of paper.

The Scholarship Committee will review your application, and applicants who are selected will be notified by mail.

Policies

1. INSTITUTION: Recipient must attend a two- or four-year accredited institution.
2. APPLICATION OF FUNDS: Scholarship funds must be used for tuition, books, and fees.
3. GRADE RELEASE: Recipient is required to provide his or her grade report at the end of each semester. An overall C average must be maintained to receive the \$500 award the second semester.
4. NOTIFICATION: Each applicant will be notified within a month after interviews whether or not they have been awarded a Charles Henry Crim Memorial Scholarship.
5. REQUIREMENTS:
 - A. Must be a member of Jefferson Credit Union or eligible to become a member.
 - B. Must be an incoming freshman.
 - C. Minimum score of 18 on the ACT and minimum 2.5 G.P.A.

CHARLES HENRY CRIM MEMORIAL SCHOLARSHIP APPLICATION

I. Personal Information

Name: Mr./Ms. _____
First Middle Last

Name you prefer to be called: _____ Social Security No.: _____

Home address: _____
Street City State Zip

Home telephone: _____ Birth date: _____

Are you a member of Jefferson Credit Union or do you have a relative who is a member? _____
If so, please provide your account number or the relative's account number or name:

Name of parent(s) or guardian with whom you live: _____

Brothers and sisters:	Name	Age	School	Grade	Scholarships if any
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II. High School Information

Name of your High School: _____

Address: _____
Street City State Zip

Guidance counselor's name: _____ Phone number: _____

GPA: _____ Class rank: _____ Class size: _____ ACT score: _____

Year of high school graduation: _____

College attended, if any: _____

Choice of institution for Charles Henry Crim Scholarship: _____

Have you applied for admission? _____ Have you been accepted? _____

Proposed major: _____

Honors and activities in high school:

Academic: _____

Extracurricular: _____

Community: _____

Other: _____

III. Financial Report:

Father's/stepfather's occupation: _____ Employer: _____

Annual salary: _____

Mother's/stepmother's occupation: _____ Employer: _____

Annual salary: _____

Spouse's occupation: _____ Employer: _____

Annual salary: _____

Estimate of parents'/stepparents' contribution to college expenses per year: _____

If parents are separated or divorced, will you receive assistance from the parent with whom you do not live? _____ How much? _____

Amount other relatives will contribute to your college support: _____

Are there any extra-ordinary expenses in your family? (Illness, unusual debts, etc.) _____

Explain: _____

Have you applied for other scholarship aid? _____ If so, list: _____

Have you been granted scholarship aid? _____ If so, list: _____

What full or part-time jobs have you had?

Employer

Dates

Hrs/week

Salary

Will you continue to work after starting school? _____

IV. Signatures

Signature of applicant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

****APPLICATION MUST BE SIGNED BY BOTH APPLICANT AND
PARENT/GUARDIAN****

All information will be considered confidential

This form and items 1-4 on the Application's instruction list must be returned by January 31, 2017 to the following:

Jefferson Credit Union
Re: Charles Henry Crim Memorial Scholarship
5261 Ross Bridge Parkway
Hoover, AL 35226
(205) 444-4528

Questions may be directed to Richard Morris at (205) 444-4377