



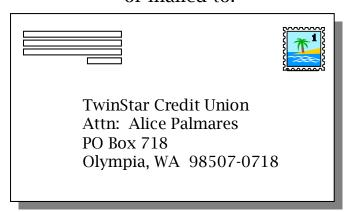
2020 TwinStar Community Foundation High School Scholarship Application

This scholarship application is for current high school seniors who will graduate in June 2020 and plan to attend an institution of higher learning in the fall 2020. Please see page one of the application for a complete list of eligibility requirements.

Additional copies of this application may be printed from the TwinStar Credit Union website: www.TwinStarCU.com

For more information please contact Alice Palmares 360-923-4491 or 800-258-3115 x4491

Completed scholarship applications may be turned in at any TwinStar Credit Union branch or mailed to:





HIGH SCHOOL SCHOLARSHIP APPLICATION

The following requirements must be met in order for the application to be considered. If the application (pages 1-5) is not completed in its entirety, it will be determined ineligible.

	• •	11 5 /	•	3,		9
	Applicant r	must be a mem	ber in good stand	ing with TwinSta	ar Credit Union.	
		tion questions i not applicable		l completely. Ple	ease provide an exp	lanation if a
	A copy of t	the applicant's	high school transc	ript must be atta	iched (unofficial is a	cceptable).
	<u>Applica</u>	tion must be	e received or p	ostmarked n	o later than Mar	rch 31, 2020
	ALL	INFORMAT	TON WILL BE	KEPT STRIC	TLY CONFIDEN	ITIAL
NAME	Ξ:					
	`	First)	(Middle	Initial)	(Last)	
ADDF	RESS:					
PHON	NE:					
ACCC	DUNT NUM	BER:				
NAME	E OF HIGH	SCHOOL:				
COUN	NTY OF HIG	GH SCHOOL:				
	I CERTIFY	THIS APPLICATI	ON IS COMPLETE A	ND ACCURATE TO	O THE BEST OF MY KI	NOWLEDGE.
	Арр	olicant's Signa	nture	_	Date)
						For TwinStar Use Code:

For TwinStar Use	
Code:	

FINANCIAL INFORMATION

CAN YOU BE CLAIMED AS A DEPENDENT ON YOUR PARENT'S/GUARDIAN'S TAX RETURN?

Y	ES (COMPLETE SECTIO	N A BELOW)
N	O (COMPLETE SECTION	N B BELOW)
SECTION A		
TOTAL HOUSEHOLD 2019 ADJUSTED GROSS INCOME	\$	
NUMBER OF PEOPLE RECEIVING SUPPORT FROM TH	E HOUSEHOLD (INCLUDING)	OURSELF)
SECTION B		
APPLICANT'S TOTAL HOUSEHOLD 2019 ADJUSTED GR	ROSS INCOME \$	
NUMBER OF PEOPLE RECEIVING SUPPORT FROM	I YOUR INCOME (INCLUDIN	G YOURSELF)
FINANCIAL NEED (Describe, in detail, your financial need	for the award.)	

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<u>ACTIVITIES, COMMUNITY SERVICE, VOLUNTEER POSITIONS HELD, AND AWARDS</u> (Include extracurricular, volunteer, club, and organization activities, both in and out of school.)

FRESHMAN	
ACTIVITY/POSITION/AWARD	DESCRIPTION (Time involved, duties, etc.)
SOPHOMORE	
ACTIVITY/POSITION/AWARD	DESCRIPTION (Time involved, duties, etc.)
JUNIOR	
ACTIVITY/POSITION/AWARD	DESCRIPTION (Time involved, duties, etc.)
SENIOR	
ACTIVITY/POSITION/AWARD	DESCRIPTION (Time involved, duties, etc.)

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WORK EXPERIENCE AND EDUCATIONAL GOALS

WORK EXPERIENCE

EMPLOYER	DOCITION/DUTIES	FDOM	то	TOTAL EARNED
	POSITION/DUTIES	FROM	ТО	(NOT RATE)

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ADDITIONAL INFORMATION/EXPLANATION

Describe any circumstances that should be considered by the Scholarship Committee. Do you have any specific challenges in your life?
CREDIT UNION ESSAY
Describe in your own words, what is a credit union? How would you convince a potential member that a TwinStar Credit Union membership is unique and beneficial?

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IMPORTANT

If you are selected to receive a scholarship award, we would like to recognize your accomplishment by including your name and photo in the Credit Union newsletter.

Please include this signed authorization form and a photo of yourself with your completed application. If you are selected to receive a scholarship and have not submitted a photo with this application, your name will be included in the newsletter without a photo.

Photos received by TwinStar Credit Union become the property of the Credit Union and will not be returned to the applicant.

(Please note: A photo is <u>not</u> required to be considered for a scholarship.)

i autnorize i winStar	Credit Union to u	se my picture and	name in any and a	all print or electronic	media.

Signature	Date		
Print Name			

Good luck!

Don't forget to sign above and enclose your photo!