

Scholarship Application



Event Title _____ Date of Program _____

Location of Program _____ Credit Union Name _____

Amount Requested _____

Name _____ Federal ID Number _____

Credit Union Address _____

Email _____ Credit Union Phone (with ext) _____

Present CU Position _____

Full Time Part-time Volunteer Length of Credit Union Service _____ Years

If you are a Volunteer, what is your full-time occupation? _____

Credit Union Assets \$ _____ Number of Credit Union Employees _____

Brief Description of Credit Union Duties

Offices held in credit union, chapter, League, or national association _____

Will you receive assistance from your credit union? Yes No If yes, in what amount _____

Have you attended the conference in previous years? Yes No

Have you ever received an CUFN scholarship? Yes No

If yes, specify year & event _____

Briefly Explain Your Need for Financial Assistance

Applicant Signature _____ Date _____ President/Manager Signature (required) _____ Date _____

Send to: Credit Union Foundation of Nebraska, Attn: Amy Shaw
Fax: 402.333.9431
Email: ashaw@nebrcul.org
Mail: 16929 Frances Street, Suite 203, Omaha, NE 68130

For CUFN Internal Use

Application Approved Yes No Recommended Approved Amount \$ _____

Application Reviewed By _____ Date reviewed _____

CUFN Committee Member

Application Approved Yes No Approved Amount \$ _____

Amy Shaw, CUFN Liasion _____ Date _____