



MARTHA W MILLER

SCHOLARSHIP APPLICATION

Please complete this application (PRINT OR TYPE ONLY) as accurately as possible and return it to: your sponsoring credit union no later than **February 1, 2010**

Step 1 COMPLETE GENERAL INFORMATION

Your Name _____

Your Address _____

City _____ State _____ Zip Code _____

Your Phone Number _____ Social Security Number _____

Date of Birth _____

Name of your credit union: _____

Your Account/Member No. _____

The applicant expects to be enrolled as a full-time student:

- For the entire academic year
- Spring semester only
- Fall semester only
- Other _____

Step 2 ATTACH THE LETTER OF ACCEPTANCE TO COLLEGE

(Must be received prior to disbursement of funds)

Name of College or University _____

(Indicate name of Institution applied to if acceptance not yet received)

Degree Program _____

(ATTACH COPY OF YOUR TRANSCRIPT OF GRADES)

College freshmen must include high school grades

Your Current Level of Education _____

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Step 3 COMPLETE FOR THE FOLLOWING ACTIVITIES

List the most important School Activities, your level of participation and leadership roles (attach an additional sheet if needed):

Which of these School Activities was most important to you and explain why:

List the most important Community Activities, your level of participation and leadership roles (attach an additional sheet if needed):

Which of these Community Activities was most important to you and explain why:

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Step 4 ATTACH ESSAY

Please write an essay, not to exceed 250 words, explaining your position on the following topic:

How will continuing your education benefit you in the future?

(This section must be typed. Use a separate sheet of paper with your name at the top).

Step 5 CERTIFICATION

All of the information provided by me is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form if required. My signature certifies that all the information provided is complete, factually correct and honestly represented. Falsification of information on this application could jeopardize any assistance offered.

Signature of Applicant _____ Date _____

I hereby affirm that I intend to enter an accredited school of higher education. I understand that no scholarship funds shall be transmitted to any educational institution until the Foundation receives notification from the Registrar of the college or university in which I am enrolled. Additionally, I hereby grant permission for the use of my name and information contained in my application in any future publicity for the Scholarship Fund.

Signature of Applicant _____ Date _____

Application including transcripts and Essays must be received by

**Choice Federal Credit Union
3400 Battleground Avenue
Greensboro, NC 27410-2404**

no later than February 1, 2010

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SUPPLEMENTAL REQUEST FOR FINANCIAL ASSISTANCE

If you are interested in being considered for a scholarship based on financial need, in addition to scholastic achievement, please provide the following data.

Total Household Taxable Income: \$ _____
(From Federal Tax forms if
claimed as a dependant and
receiving parental support)

Will you be working to help pay for education expenses?

Yes No

If yes, please estimate your weekly income. \$ _____

Estimated Funds Available:

Scholarships Confirmed \$ _____

College Financial Aid \$ _____

Savings (for College) \$ _____

Other (for College) \$ _____

Total Funds Available \$ _____

Number of Dependents at home: _____

Number of Dependents enrolled in college: _____

Include an explanation describing your need for financial assistance.