



# POST SECONDARY SCHOLARSHIP NOMINATION FORM

## PERSONAL INFORMATION

NAME OF STUDENT:		PARENT / GRANDPARENT / GUARDIAN FULL NAME(S):	
HOME ADDRESS:		DIRECTIONS ACCOUNT NUMBER:	
CITY:	STATE:	ZIP CODE:	PHONE:
EMAIL:			

## EDUCATIONAL INFORMATION

POST-SECONDARY INSTITUTION STUDENT WILL ATTEND NEXT YEAR:		
ADDRESS OF SCHOOL:		
CITY:	STATE:	ZIP:

## ESSAY QUESTION:

**What are the benefits of a credit union and how can these benefits help youth with their financial needs?** (Please complete your answer on a separate sheet and attach to this form.)

(All applicants will receive the consideration for the Scholarship without regard to sex, race, color, national origin or ancestry, religion or handicap)

**Please return to any Directions Credit Union Office or by email to [nsoldner@directionscu.org](mailto:nsoldner@directionscu.org) by March 10, 2019.**

PRINT NAME:	STUDENT'S SIGNATURE:
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