

2017 Shamrock Federal Credit Union Scholarship  
Mail to: Scholarship Committee, PO Box 400, Dumas, TX 79029-0400

Please supply **all** the information requested and return.  
Attach a copy of your transcript to the application. **Application must be received by 3/03/2017**

Name \_\_\_\_\_ Credit Union Member # \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Classification \_\_\_\_\_ GPA \_\_\_\_\_

Have you previously received a Shamrock Federal Credit Union Scholarship? \_\_\_\_\_

When did you last receive a Shamrock FCU Scholarship? \_\_\_\_\_

Name and address of school you plan to attend \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been admitted? \_\_\_\_\_

Proposed major of field of study \_\_\_\_\_

Estimated annual expenses (tuition, books, room and board) \_\_\_\_\_

Name and address of Parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the most notable community activities during the past 6 years (additional sheet if needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the most notable school activities during the past 6 years (additional sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for: Scholarships? \_\_\_\_\_ Financial Aid? \_\_\_\_\_

List scholarships, financial aid and grants received for this academic year (include amounts).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other sources of college funds that are available to you (trusts, insurance benefits, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 2017 Shamrock Federal Credit Union Scholarship

### **In addition to the information requested on the application, the following items are required:**

1. An academic Letter of Recommendation from your school principal, counselor, or advisor.
2. A personal Letter of Recommendation from a responsible person in your community who knows you well and can attest to your personal qualities and abilities. This letter **SHOULD NOT** be written by a family member or casual acquaintance.
3. A copy of your transcript(s) showing the last 4 years academic record.
4. The signed Publicity Release.

### **ELIGIBILITY REQUIREMENTS:**

The scholarship applicant **must** be a **member of Shamrock Federal Credit Union** and be enrolled or plan to **enroll as a full-time student** (minimum of **12 hrs**) at a university, junior college, or trade school this fall. **Full time enrollment will be determined by your school.**

### **SUBMIT ALL INFORMATION REQUESTED AT ONE TIME TO THE FOLLOWING ADDRESS:**

SHAMROCK FEDERAL CREDIT UNION SCHOLARSHIP COMMITTEE  
PO BOX 400  
901 S BLISS AVE.  
DUMAS, TX 79029-0400

### **APPLICATIONS MUST BE IN THE OFFICE NO LATER THAN MARCH 03, 2017**

Only scholarship applications received in the Dumas Office of Shamrock Federal Credit Union by **close of business March 03, 2017 will be considered.**

Scholarship awards will be forwarded to Financial Aid Office at the school designated by the applicant.

An application must be submitted each year to be considered for a scholarship. No scholarship will be automatically renewed.

Applications will be used only by the Shamrock Federal Credit Union Scholarship Committee to select students for scholarship awards.

Applicants will be notified in writing of the decision of the Scholarship Committee.

No student or prospective student will be excluded from participation in or be denied the benefits of scholarship on the basis of race, color, age, religion, national origin, or sex. Recipients must meet all eligibility requirements.



# SHAMROCK FEDERAL CREDIT UNION

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*Integrity - Service - Security - Adaptability - Courtesy - Professionalism*

## **SHAMROCK FEDERAL CREDIT UNION**

### **PUBLICITY RELEASE**

I, \_\_\_\_\_, a member of Shamrock Federal Credit Union, Hereby agree to volunteer my image for purposes of promoting the Credit Union. I agree, beginning as of the date of execution of the Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Images"), may be taken of me, individually or with others, by the Credit Union and I agree that all rights therein shall irrevocably, exclusively, unconditionally, and perpetually belong to Shamrock Federal Credit Union.

I further agree that, without any compensation or notification to or approval by me, my name and Images of me may be used, reproduced, or otherwise disseminated or published by or on behalf of the Credit Union directly or indirectly for any purpose, including but not limited to advertising or promotional purposes, in any manner, and at any time the Credit Union desires.

By signing below and in consideration of participating in the Credit Union's scholarship program, I hereby waive any and all compensation and release and discharge Shamrock Federal Credit Union, its officers, employees, representatives, agents, successors, and assigns from any and all claims, demands, or causes of action that I or my estate may now have or may hereafter have for invasion of privacy, right of publicity, infringement of copyright, or violation of any other right arising out of or relating to any use of my name or the Images for any purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date