

TARRANT COUNTY'S CREDIT UNION

GRADUATING HIGH SCHOOL SENIORS 2019 TARRANT COUNTY'S CREDIT UNION SCHOLARSHIP FUND CONTEST APPLICATION

Last Name: _____ First: _____ Middle Initial: _____

Name of Parent or Guardian: _____

Permanent Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ E-mail Address: _____

Tarrant County's Credit Union Account Number: _____

High School Name: _____ Graduation Date: _____

City: _____ State: _____ Telephone: _____

Name of Post-Secondary School where you plan to enroll: _____

City: _____ State: _____ Telephone: _____

4-yr College/University 2-yr Community or Jr. College Vocational/Technical

Major (If Known): _____ Full Time or Part Time

Briefly discuss your career plans as they relate to your educational experience: _____

How did you hear about the Tarrant County's Credit Union Scholarship Contest?

Newsletter Website Office TCCU Member

Other _____

Video Scholarship Contest Information:

If you choose to submit a video, complete the following information.

Your Video Submission

Video Title: _____

Video URL: _____

Contest Agreement (Please initial)

By initialing below, you agree to the terms and conditions of the video scholarship contest.

____ I have read and understand the official contest rules. If under 18 years of age, my parent/legal guardian has given me consent to enter this contest.

____ The video I am submitting does not contain any copyrighted, inappropriate, or otherwise prohibited content.

____ I understand that in order to claim the scholarship I must enroll for the fall semester of 2019.

Applicant's Signature: _____ **Date:** _____

*****Please remember to attach your three letters of recommendation and forward to:**

- mburleson@tccu-tx.com

OR

- **Scholarship Committee, Tarrant County's Credit Union,
200 Taylor Street, Suite 215, Fort Worth, TX 76196**