

Scholarship Application

*The purpose of Baraga County Federal Credit Union scholarships is to recognize and assist members in the achievement of their educational and citizenship potential. Accordingly, two **\$1,000.00** scholarships will be awarded to a senior class student who is a member of the credit union.*

- ♦ **APPLICANT QUALIFICATIONS:**
 - a.) Must be **High School Senior** at the time application is submitted
 - b.) **MUST OBTAIN HIS/HER HIGH SCHOOL COUNSELOR'S SIGNATURE** verifying enrollment in present high school and verifying GPA (this step is very important – if the counselor does not sign, the application will not be considered!)
 - c.) Must have **GPA of 2.5** or higher
 - d.) Must **Be a Member** in good standing at Baraga County Federal Credit Union, with an account established a minimum of six (6) months prior to submitting an application.
 - e.) Must sign and complete the enclosed **Release**

 - ♦ **SELECTION COMMITTEE:** The Baraga County Federal Credit Union Scholarship Selection Committee will review all applications and make selections based upon qualifications and information provided.

 - ♦ **PAYMENT OF FUNDS:** The Baraga County Federal Credit Union will make payments directly to the recipient upon receiving proof of registration and enrollment.
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Mail or drop off your completed application to your school counselor or at the credit union at:

**BCFCU
101 E. Broad St.
P.O. Box 38
L'Anse, MI 49946**

APPLICATION DEADLINE: FRIDAY, APRIL 24, 2026

Application

Applicant's Credit Union Number

Applicant's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone# _____

High School _____

I hereby certify all information I provided in this application is true and complete.

Signature _____ *Date:* _____

GPA SCORE _____

COUNSELOR'S SIGNATURE _____

Applicant's Credit Union Number

College/University/Vocational School attending in the fall:

EXTRA CURRICULAR ACTIVITIES

COMMUNITY SERVICE ACTIVITES

WORK EXPERIENCE

NAME, PHOTOGRAPH, AND/OR TESTIMONIAL RELEASE

I, (name)

Residing at:

City/state and zip:

Social Security #:

Do hereby authorize and give full consent to BARAGA COUNTY FEDERAL CREDIT UNION and its successors and assigns to copyright, publish, and/or display my name and/or photograph and/or testimonial for any and all exhibitions, public displays, publications, commercial art and advertising purposes, without limitation or reservation or any compensation other than that receipt which is hereby acknowledged.

Permission is granted to use all or part of said testimonial and to edit the testimonial as necessary.

DATED: _____

SIGNATURE: _____

Witness: _____

If subject is UNDER eighteen years of age, parent or guardian must sign below.

Signature of parent/guardian

Witness: _____ **Dated:** _____

All applications, releases and essays will become property of Baraga County Federal Credit Union.