

HTM CREDIT UNION SCHOLARSHIP

Name of Student _____

Address _____

Date of Birth _____

Father's Name _____ Father's Occupation _____

Mother's Name _____ Mother's Occupation _____

Siblings who are part of your household:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Continue on back of sheet if necessary

Secondary School _____ Date of Graduation _____

Extra-Curricular
Activities _____

Community
Service _____

Sports _____

Honors _____

Work
Experience _____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Continue on back if necessary

Proposed School _____ Proposed Major _____

Career Plans _____

Tuition _____ Room & Board _____

Other Expenses _____

Anticipated Financial Aid (if you have not yet received your package, please check with your college admissions office before answering) _____

Please submit the following items to the credit union before **APRIL 30, 2024**.

1. Completed application form.
2. Brief essay stating why you feel you are deserving of this scholarship.
3. High School transcript.

Scholarship Committee
C/o HTM Credit Union
P.O. Box 383
Haverhill, MA 01830