

## Capital Credit Union – Tom Young Educational Scholarship Requirements

1. The Capital Credit Union – Tom Young Educational Scholarship Application must be completed and submitted by the deadline of **March 03, 2023**.
2. Applicant must be a primary Capital Credit Union member.
3. Applicant must be a graduating high school senior student pursuing a college career as a full-time student in the coming fall at a 2 year or 4 year institution.
4. Applicant must have a minimum of a 2.5 cumulative grade point average on a 4.0 scale.
5. Applicant must be in good standing during the applying semester and stay in good standing throughout the following semester. If applicant falls out of good standing, the scholarship will be revoked.
6. Applicant cannot be an employee or a family member of a credit union employee or board member.
7. Applications submitted via email must be a PDF or Word Document. Google Docs, pictures of applications, or any other submissions will not be accepted.

By signing this, I agree that I have read and understand the terms of the qualifications for the Capital Credit Union – Tom Young Educational Scholarship. I agree that if I have not met all these qualifications, my application and/or scholarship will be revoked.

By signing this, I authorize and grant Capital Credit Union (and its assigns, licensees, or successors) the right to record, publish and/or use information about me, my name, reproductions of my image, marketing, publicity, or other purposes through any media should I be selected as a Capital Credit Union – Tom Young Educational Scholarship recipient. I acknowledge that photographs and other recordings taken of me become the property of Capital Credit Union and I release Capital Credit Union from any claim or liability that may result from use consistent with my consent and this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Doing the Right Thing*



PO Box 2526 | Green Bay, WI 54306-2526

p 920.494.2828 | f 920.494.5720

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## Capital Credit Union – Tom Young Educational Scholarship Application

**All information on this form will be kept confidential.**

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Capital Credit Union Account Number Last Three Digits: \_\_\_\_\_

College You Plan to Attend: \_\_\_\_\_

Intended Major: \_\_\_\_\_ High School GPA: \_\_\_\_\_

Please list any scholarships you currently have been awarded and amounts:

**Please answer the following on a separate document:**

1. List your school and community activities, numbers of years in each, and any leadership positions. For any organizations you are involved with, please describe these organizations' missions.
2. In essay format, discuss what you hope to accomplish with your degree and how it will help you to do the right thing in your future community. **Essay has a 500 word limit.**

### References:

Please list one or two community members, (not including relatives), who are willing to evaluate you for a scholarship. Please have them complete the evaluation form and submit it with this package.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Everything on this application is true to the best of my knowledge. I am and **will be** in good standing with my High School Code of Ethics Policy. I have also read the scholarship requirements and understand the requirements to apply for a Capital Credit Union – Tom Young Educational Scholarship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## Capital Credit Union – Tom Young Educational Scholarship Application

### Community Member Evaluation Form

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

(The evaluator cannot be a relative.)

How do you know this student?

Evaluation of Student:

Circle the appropriate number: 1 = Below Average, 2 = Average, 3 = Above Average, 4 = Outstanding

Work Habits ☐ 1 ☐ 2 ☐ 3 ☐ 4

Attitude ☐ 1 ☐ 2 ☐ 3 ☐ 4

Leadership Skills ☐ 1 ☐ 2 ☐ 3 ☐ 4

Commitment to Community ☐ 1 ☐ 2 ☐ 3 ☐ 4

Additional Comments:

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please ensure this is given to student before the application packet is handed in. Any failure to follow this procedure may result in ineligibility for this scholarship.**

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## Capital Credit Union – Tom Young Educational Scholarship Application Community Member Evaluation Form

Student's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

(The evaluator cannot be a relative.)

How do you know this student?

Evaluation of Student:

Circle the appropriate number: 1 = Below Average, 2 = Average, 3 = Above Average, 4 = Outstanding

Work Habits                      ☐ 1   ☐ 2   ☐ 3   ☐ 4

Attitude                        ☐ 1   ☐ 2   ☐ 3   ☐ 4

Leadership Skills              ☐ 1   ☐ 2   ☐ 3   ☐ 4

Commitment to Community   ☐ 1   ☐ 2   ☐ 3   ☐ 4

Additional Comments:

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please ensure this is given to student before the application packet is handed in. Any failure to follow this procedure may result in ineligibility for this scholarship.**

*Doing the Right Thing*