TARRANT COUNTY'S CREDIT UNION

RETURNING UNDERGRADUATE STUDENTS Age 18-25 yrs

2024 TARRANT COUNTY'S CREDIT UNION SCHOLARSHIP FUND CONTEST APPLICATION

Last Name:	First:	Middle Initial:
Permanent Mailing Address:		Apt. #:
City:	State:	Zip:
Daytime Telephone:	E-mail A	ddress:
Tarrant County's Credit Unio	on Account Number:	
Year of Your High School Gra	aduation:	
Name of Post-Secondary Sch and the school where you wi	•	ently enrolled for the spring semester le fall semester of 2024:
Spring Semester 2024:		
(Include a copy of your trans	script from your fall 2	023 semester as proof of attendance.)
Fall Semester 2024:		
City:	State:	Telephone:
4-yr College/University	2-yr Community or	Jr. CollegeVocational/Technical
Major (If Declared):		Full Time or Part Time

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 2024.

Applicant's Signature:	Date:
Applicant's Signature.	Date

***Please remember to attach a copy of your most recent transcript to this application and forward to:

• <u>mburleson@tccu-tx.com</u>

OR

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