

TARRANT COUNTY'S CREDIT UNION

GRADUATING HIGH SCHOOL SENIORS 2025 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 _____

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