



## 2024 Scholarship Program

Hurricane Creek Federal Credit Union will award scholarships to five (5) 2024 high school seniors.

**5- \$1,000 Scholarships**

### Eligibility:

- Student must be a 2024 graduating high school senior at the time entry is submitted.
- Student must be a resident of Saline County.
- Be an active member of HCFCU, where the student is the primary account holder.

*Not already a Member? Join today at our branch or online at [hurricanecreekfcu.org](http://hurricanecreekfcu.org)*

### To Enter:

Complete the 2024 Scholarship Application, complete the essay, and submit in-person, by mail to HCFCU at PO Box 417, Benton, AR 72018 or by email to [apickett@hurricanecreekfcu.org](mailto:apickett@hurricanecreekfcu.org).

### Essay Topic:

*Essay should be a minimum of 500 words.*

**If you managed a financial institution, what services would you offer to young members to help start and build a lifelong relationship?**



*Enter Today!*

**IMPORTANT DATES**

**SUBMISSION DEADLINE:**

WED., MAY 1, 2024

**WINNERS ANNOUNCED:**

WED., MAY 15, 2024

#### OFFICIAL RULES

To be eligible, student must be a high school senior (class of 2024) and plan on attending a full-time course of undergraduate study as a freshman at a university, college, community college or recognized vocational school. One entry per person. If selected, student is required to provide proof of acceptance into the school they will be attending. All scholarship recipients will be notified via mail, email or phone using the contact information provided at the time of entry, and a list of recipients will be published in the WAVE Quarterly newsletter, on the HCFCU social media accounts, as well as displayed in our branch offices. Acceptance of the Scholarship shall constitute winner's consent for HURRICANE CREEK FCU to use winner's name and photograph for advertising and promotional purposes without further compensation. Senior picture required from winners. Membership eligibility applies. Federally insured by NCUA



# 2024 Scholarship Application

Applicant Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of High School \_\_\_\_\_ GPA \_\_\_\_\_

College You Will Attend \_\_\_\_\_

Possible Major \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Work Experience \_\_\_\_\_

Awards and Honors Received \_\_\_\_\_

Additional Information for Consideration \_\_\_\_\_

**Certification and Release Authorization:**

*I certify this information is true, complete and accurate. I also authorize the release of this information to confirm and/or verify this application. I agree to use any scholarship funds awards at an accredited institution by January 20, 2025.*

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

If under 18: Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_