



Scholarship Committee
PO Box 700
Box Elder SD 57719-0700
605.923.1405 · 888.923.1400
www.sentinelfcu.org
marketing@sentinelfcu.org

Financial Education Scholarship

We are excited to announce that we are awarding four \$500.00 financial education scholarships to students who are attending or planning to attend an accredited college, university or technical institute in the Fall of this year.

To be eligible for a scholarship, you must have a Sentinel Federal Credit Union account established in your own name for at least six months prior to March 15th of this year. Your account must be active and in good standing.

Scholarship entries are due by **March 15th**. Scholarship winners will be notified by April 15th. The scholarship check will be made payable jointly to the recipient and the designated school.

Scholarship Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email: _____

High School Name: _____ Graduation Date: _____

School Planning To Attend: _____

College/University Vocational/Technical Institute City: _____ State: _____

Expected Field of Study/Major: _____

Volunteer Work and Job Experience

Please list your volunteer, community service work and job experience. If more room is needed, please attach an extra sheet.

Extracurricular Activities and Organizations

Please list your extracurricular activities and organizations you have participated in, including the length of involvement and offices held. If more room is needed, please attach an extra sheet.

Accomplishments, Honors, Personal Achievements and Awards

Please list your accomplishments, honors, personal achievements and awards and the year in which you received them. If more room is needed, please attach an extra sheet.

Essay

*Please write an essay (must be your original work; no plagiarizing is allowed) of 500 words or less on the following: **What is one financial lesson or event that has influenced your life? What are your plans for a successful financial future?***

Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if I do not enroll in an accredited college, university or technical institute in the Fall of the current year, I will forfeit the entire \$500.00 scholarship, should it be awarded to me. I hereby authorize Sentinel Federal Credit Union to utilize information about my application and my likeness for publicity and public relation purposes.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature (if less than 18 years of age at time of application):

_____ Date _____