

# MERHO FEDERAL CREDIT UNION

## CLYDE MINTMIER MEMORIAL SCHOLARSHIP APPLICATION

---

MERHO Federal Credit Union is offering a scholarship award of \$1000 for the 2020-2021 academic school year. The recipient will be selected based upon financial need, academic achievement, and essay.

### **To be eligible:**

- Applicant must currently be a MERHO Federal Credit Union member as of January 1, 2020.
- Undergraduate applicants who will be a freshman in the upcoming academic year must have a SAT score of 900 (does not include essay).
- Undergraduate applicants who are beyond their freshman year in the upcoming academic year must have a total GPA of 2.5 or greater.
- Graduate applicants must have a total GPA of 3.5 or greater.

In order to be considered for this scholarship, the APPLICANT must submit the complete application packet including all REQUIRED documents to the MERHO Federal Credit Union Office no later than July 1, 2020. Late or incomplete applications will not be considered.

### **Use the check boxes to assure you have gathered the required documentation:**

- Completed Application form completed by applicant
- Completed Financial Need form completed by school financial aid officer.
- OFFICIAL transcripts of academic records with the latest grading period and cumulative GPA. Submit in sealed envelope from school (no copies or faxes will be accepted).
- Copy of SAT test scores.
- Essay of no more than one page describing your personal history, career goals, and most importantly, how this monetary award will help you achieve your career goals.
- Two letters of character references, one from a current faculty member and one that is work related, if possible. Family members or relatives cannot give references. Please include mailing addresses and phone numbers of references. **References may be contacted if applicant is a finalist.**

*A student is eligible to reapply for this scholarship as long as need and academic standing are maintained.*

For more information or to ask questions, call the MERHO Federal Credit Union office at 814-535-3116 and ask for Karen Walker.

Please mail or deliver your application packet to:

MERHO Federal Credit Union  
15 Irene Street  
Johnstown, PA 15905

**MERHO FEDERAL CREDIT UNION  
CLYDE MINTMIER MEMORIAL SCHOLARSHIP APPLICATION**

---

**APPLICANT DATA** (type or print legibly)

FULL NAME \_\_\_\_\_  
(first, middle, last)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

**ACADEMIC ACHIEVEMENT**

**NOTES:**

1. Please do not leave any questions unanswered. If question does not apply, write “**N/A**” (not applicable).
2. If more space is needed to thoroughly answer a question, attach a separate sheet of paper.

Name of current educational program:

\_\_\_\_\_

Name of College/University/Professional School/2 year Technical School:

\_\_\_\_\_

Address of School:

\_\_\_\_\_

Length of Program: \_\_\_\_\_

Number of years already completed: Zero \_\_\_ One \_\_\_ Two \_\_\_ Three \_\_\_ Four \_\_\_ Five \_\_\_  
Six \_\_\_

Number of credits earned: \_\_\_\_\_ Cum GPA: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Number of years remaining to complete the program: \_\_\_\_\_

What professional goals do you plan to achieve when you earn your degree/diploma/certificate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

MERHO FEDERAL CREDIT UNION  
CLYDE MINTMIER MEMORIAL SCHOLARSHIP APPLICATION

---

---

High School

School \_\_\_\_\_  
Address \_\_\_\_\_  
Years attended \_\_\_\_\_ to \_\_\_\_\_ Cum GPA \_\_\_\_\_

Previous Post High School Education:

School \_\_\_\_\_  
Address \_\_\_\_\_  
Years attended \_\_\_\_\_ to \_\_\_\_\_ Cum GPA \_\_\_\_\_

School \_\_\_\_\_  
Address \_\_\_\_\_  
Years attended \_\_\_\_\_ to \_\_\_\_\_ Cum GPA \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Current Employment:**

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Position and responsibilities \_\_\_\_\_  
Date began employment \_\_\_\_\_  
Average number of hours worked/week \_\_\_\_\_

**Past Employment:**

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Position held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**COMMUNITY VOLUNTEERISM** (Describe ways that you volunteer)

---

---

---

---

**HONORS AND AWARDS RECEIVED**

---

---

---

---

MERHO FEDERAL CREDIT UNION  
CLYDE MINTMIER MEMORIAL SCHOLARSHIP APPLICATION

---

**FINANCIAL NEED**

Give the attached FINANCIAL NEED FORM to the financial officer at your school to complete for you. Submit the completed form with your scholarship application.

**ESSAY**

Enclose your essay with your scholarship application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MERHO FEDERAL CREDIT UNION  
CLYDE MINTMIER MEMORIAL SCHOLARSHIP APPLICATION**

---

**Financial Aid Need Form**

To the applicant: Please give this form to your program's financial aid officer to complete and **return to you to be included in your scholarship application packet.**

To the financial aid officer: \_\_\_\_\_ is submitting an application for the MERHO Federal Credit Union Clyde Mintmier Memorial Scholarship and needs you to complete this form. Thank you for your help in defining this applicant's financial status/need.

1. Total cost of attendance for current academic year; \_\_\_\_\_

Estimate: year tuition/ fees \_\_\_\_\_  
books \_\_\_\_\_  
transportation \_\_\_\_\_  
room \_\_\_\_\_  
miscellaneous \_\_\_\_\_

2. Number of dependents the student has in his/her household: \_\_\_\_\_

3. Has the student completed a FAFSA form?  Yes  No

4. Total estimated family contribution on (EFC): \_\_\_\_\_

5. Total estimated self contribution from employment: \_\_\_\_\_

6. Is the student:  dependent  independent

7. Is the student a United States citizen?  Yes  No

8. Outstanding debt for previous education: \_\_\_\_\_

9. Outstanding debt for current education: \_\_\_\_\_

10. Amount of other scholarships and grants earned for the current year: \_\_\_\_\_

11. Estimate of financial need to support tuition, academic fees and additional expenses

very high  high  moderate  low  no need

Any additional information related to financial need for the Committee to consider for scholarship eligibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of program of study: \_\_\_\_\_

Name of educational facility: \_\_\_\_\_

Address of educational facility: \_\_\_\_\_  
\_\_\_\_\_

Financial aid officer

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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