



Three \$1,	000 Sch	nolarships T	o Be Av	warded
Scholarship Applica	nt Eligib	ility:		
• Applicant must b The Atlantic Fed of applying for th	eral Cred	lit Union or op		
 Attach an official cumulative GPA submission. 				
• Applicant will no March 31, 2024 d	0	ble unless all in	formation	is submitted b
Name:				
Address:				
City:		State:	Zip Co	ode:
Home Phone:		Cell Phone:		
Email:				
Parent/Guardian:				
Name of High School:				
Name of Institution You	Plan to Atte	end:		
4-Year College/Unive	sity	Community Co	llege	Technical Schoo

Tell Us About Yourself

Please list your academic achievements and awards, community service involvement, and extracurricular activities in the spaces provided below. If applicable, please also indicate if you took on a leadership role or held a leadership position for each activity.

Academic Achievements/Awards	Leadership Role/Position
	1
1 2 3	
3.	
4.	
5	
6	
7	
8.	
9	
10	
Community Service	Leadership Role/Position
1	
2	
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0	
/	
0.	
7	
10	
Extracurricular Activities	Leadership Role/Position
(sports, clubs, organizations, jobs, etc.)	
1	
2	
3	
4	
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/	
8	
9	
10	

Attachments:

- Up to three (3) letters of recommendation (by teachers, guidance dept., clergy, employers, etc.).
- An official high school transcript that includes a cumulative GPA of completed marking periods as of the date of submission. In addition, attach any supporting information on grading scales/policies. (*See section below.*)
- A brief essay (up to 500 words/1 page) describing a time you were challenged and how you overcame it.

For Your Guidance Department

Please advise whether any changes were made in terms of grading scales and policies which we should take into consideration due to adjustments and/or limitations imposed by the pandemic.

This application must be completed and returned via email by March 31, 2024 to:

Carla White–Garrett Email: carlag@atlfedcu.com Phone: 908-245-1750 ext.7512

For more info on the Atlantic Federal Credit Union, visit TheAtlanticFCU.com.

Certification and Release Authorization

I certify that the information in this application is true, complete, and accurate and that I am a Member in good standing of the Atlantic Federal Credit Union. I authorize the release of my information for the purpose of confirming the validity of this application.

Should I become a recipient of an Atlantic Federal Credit Union Scholarship, I authorize photo content of me to be used for credit union media purposes.

Parent/Guardian Signature:_____

Student Signature: