

EMERALD CU

SENIOR SCHOLARSHIP

Applicant or Parent/Legal Guardian Member Account Number

Applicant Name

Home Address

City, State, Zip

Applicant Phone Number

Applicant Email

Name of Parent or Legal Guardian

Parent or Legal Guardian Phone Number

Parent or Legal Guardian Email

High School Applicant is Currently Attending

College, University or Trade School You Plan to Attend

City and Zip Code of School

Intended Major

By signing below, I certify that I have completed the application to the best of my ability and the information provided is true and correct.

✕

Applicant Signature

✕

Parent or Legal Guardian Signature