

# 2009 Scholarship Competition



**STATE  
DEPARTMENT**  
FEDERAL CREDIT UNION

The logo for State Department Federal Credit Union features a stylized red and blue wave graphic above the text. The text is arranged in three lines: "STATE" and "DEPARTMENT" in a large, bold, blue sans-serif font, and "FEDERAL CREDIT UNION" in a smaller, blue sans-serif font below a thin horizontal line.

# Guidelines

The State Department Federal Credit Union (SDFCU) Scholarship Fund was established in 1977 to honor the founders and volunteers of State Department Federal Credit Union. The Board of Directors has approved a \$50,000 award amount to be distributed among winners selected by the Scholarship Committee.

To qualify for the competition, you must:

- have your *own* account in good standing with SDFCU.\*
- be currently enrolled in a degree program and have completed 12 credit hours of coursework at an accredited college or university (AP courses do not count).
- have achieved a minimum 2.5 GPA (Cumulative on a 4.0 scale) and submit *official* transcripts.\*\*
- submit the completed application and all required information by the deadline (Tuition bill copy\*\*\*, W-2 form(s), Personal Statement and official Transcript).

If you are entering a graduate program or transferring to a different school in the Fall of 2009, you must submit a copy of your acceptance letter in addition to the above.

All applications and materials must be received by Friday, April 10, 2009. No exceptions. If any part of the application is incomplete it will not be eligible for the competition.

All students will be notified of final results on or before June 1, 2009. Award amounts will be deposited into winners SDFCU account.

**Please submit applications at any of our branches or mail them to:**

**Scholarship Coordinator  
State Department Federal Credit Union  
1630 King Street  
Alexandria, VA 22314**

Please visit [www.sdfcu.org](http://www.sdfcu.org) for Frequently Asked Questions.

\*Credit Union employees, volunteers and their families are not eligible.

\*\*Transcripts must be in a sealed envelope from your college or university. No photocopies of transcripts or faxes allowed. Transcripts will not be returned.

\*\*\* If you do not have a tuition bill, please substitute a photocopy of the university catalog outline of your student expenses.

# Questions for the Student

Please print or type

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

2. College or University: \_\_\_\_\_

3. Please circle your classification for the Fall 2009 semester:

Sophomore

Junior

Senior

Graduate Student\*

4. Major: \_\_\_\_\_

5. Total estimated expenses for the '09 – '10 school year: Please include photocopy of most recent tuition bill. \*\* (Calculate expenses for the entire school year-not per semester or per class.)

\_\_\_\_\_

6. How do you plan to finance your education for the '09 – '10 school year? Circle all that apply (Please include dollar amounts where possible.)

Parents \_\_\_\_\_ ~~À~~ Employment \_\_\_\_\_

~~À~~ Scholarship \_\_\_\_\_ ~~À~~ Loans/Grants \_\_\_\_\_ Other \_\_\_\_\_

7. Personal Statement - on **one** separate sheet, please state your scholastic ambitions and career plans following completion of your degree.

I hereby give State Department Federal Credit Union's Scholarship Committee permission to review my SDFCU membership records. I certify that all information provided is true and correct. I agree that SDFCU may use my name for publicity purposes if I am selected as a scholarship recipient.

Date: \_\_\_\_\_ Signature of Member (Student) \_\_\_\_\_

Last 3 digits of your SDFCU Account Number: \_\_\_\_\_

\* If you are entering graduate school, are a 1st semester graduate student, or transferring to a different school, you must include a copy of your acceptance letter.

\*\* If you do not have a tuition bill, please substitute a photocopy of the university catalog outline of student expenses.

**ALL MATERIALS MUST BE RECEIVED BY Friday, April 10, 2009.**

# Financial Information

If you are self-supporting (not financially dependent upon anyone else), complete and sign this section yourself. However, if someone else provides your financial support, please have that person (or persons) complete and sign this section. Please print or type.

1. Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

2. Present Position: \_\_\_\_\_

Please attach copy (copies) of 2008 W-2

3. Total annual income: \_\_\_\_\_

4. Exceptional Expenses: (unusual medical bills, care for handicapped children, expenses resulting from family separations etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Number of dependents supported by you (not including yourself): \_\_\_\_\_

Number of these dependents currently attending college/graduate school: \_\_\_\_\_

6. I certify that all information I have provided is true and complete.

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

Signature \_\_\_\_\_

Signature of Spouse (if applicable) \_\_\_\_\_