



2019 Scholarship Competition



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 **\$75,000** award amount to be distributed among winners selected by the Scholarship Committee. The top scholarship winner will be awarded the Stephen K. Fischel Memorial Scholarship of **\$5,000** in lieu of the regular scholarship amount.

To qualify, you must:

- have your **own** account in good standing with SDFCU.¹
- be **currently** enrolled in an undergraduate 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/sealed** transcripts.²
- submit the completed application and all required information by the deadline (Tuition bill copy³, W-2 form(s)⁴, Personal Statement and Official Transcript).

If you are transferring to a different school in the Fall of 2019, you must submit a copy of your acceptance letter in addition to the above information.

Submit applications at any of our branches or mail them to:

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

All applications and materials must be postmarked no later than Friday, April 5, 2019. No exceptions. If any part of the application is incomplete, it will not be eligible for the competition.

Winners will be announced on the SDFCU website and all participants will be notified by email of final results by July 5, 2019. Winners will receive their award in their SDFCU account.

Please visit www.sdfcu.org for Frequently Asked Questions or email scholarship@sdfcu.org for more information.

1. Credit Union employees, volunteers and their families are not eligible. Parent account does not count. The individual applying must have his or her own account.
2. Transcripts must be in a sealed envelope from your college or university. No photocopies of transcripts or faxes allowed. Transcripts will not be returned.
3. If you do not have a tuition bill, please substitute a photocopy of the university catalog outline of your student expenses for the year. Please note which expenses apply and the total dollar amount.
4. If you are self-supporting, submit your W-2 form(s). If you are dependent, supply the W-2(s) of your supporting party.



Questions for the Student

All questions must be answered.

1. Name: _____

E-mail address: _____ Daytime Phone: _____

2. Please check your classification for the **Fall 2019** semester:

Freshman Sophomore Junior Senior Major: _____

GPA (Please submit official/sealed transcripts): _____

College or University currently attending: _____

College or University attending in Fall 2019: _____

(If you are transferring schools in 2019, include acceptance letter. You cannot be in a graduate program in the fall.)

3. Total tuition expenses for the '19 –'20 school year: **Please include photocopy of most recent tuition bill.**¹

(Calculate expense for the entire school year, not per semester or per class.)

\$ _____

How do you plan to finance your education for the '19 –'20 school year? Circle all that apply and include dollar amounts where possible.

Parents \$ _____ Employment \$ _____

Scholarship \$ _____

Loans/Grants \$ _____ Other (Specify) \$ _____

4. Personal Statement – on one (1) separate sheet², please state your plans following completion of your degree.

5. Last 3 digits of your SDFCU Account Number: _____

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): _____

1. If you do not have a tuition bill, please substitute a photocopy of the university catalog outline of student expenses. Please note which expenses apply and the total dollar amount.
2. Any pages exceeding the one page limit will be discarded.



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): _____

2. Total annual income: _____

Please include copy (copies) of 2018 W-2. If you do not have a W-2, please include another legal proof of annual income.

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

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

Date: _____

Signature: _____

Signature of Spouse (if applicable): _____

Application Checklist

Completed Application
Included or requested Official/Sealed Transcript
Tuition Bill or Copy of Annual Expenses
from the University Catalog

One Page Personal Statement
W-2 Form(s)
Acceptance Letter (If you are a transfer student)