



## Scholarship Application

Fill in all information requested as fully and accurately as possible. **Applications need to be printed neatly using a pen (black or blue ink).** The following items need to be submitted with this application:

- Scholarship Request Form
- Student Essay (see instructions below)
- Résumé of all your high school activities (one page limit)
- High School Transcript (provided by Guidance Counselor)

Please submit your complete application to:

Quest Federal Credit Union Scholarship Committee  
c/o Quest Federal Credit Union  
12837 US Highway 68  
Kenton, OH 43326

**Deadline for the Scholarship Application is April 19th, 2024.**

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

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

Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Name of High School: \_\_\_\_\_

### Career & Academic Information

1. I have been accepted to the following post secondary schools:

\_\_\_\_\_

\_\_\_\_\_

2. My final college choice is: \_\_\_\_\_

3. I plan to major in: \_\_\_\_\_

4. My current GPA is \_\_\_\_\_ My class rank is \_\_\_\_\_ out of \_\_\_\_\_

**Student Essay**

To give each scholarship selection committee a better understanding of you and your career goals, **type** an essay (not to exceed 350 words) sharing information about yourself and your future plans. In addition, if there are special conditions or circumstances which have affected your family’s financial situation, please explain.

**Financial Information**

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(Please circle one)    Father            Stepfather            Place of Employment

Annual Gross Income \_\_\_\_\_

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(Please circle one)    Mother            Stepmother            Place of Employment

Annual Gross Income \_\_\_\_\_

5. I expect to contribute approximately \$\_\_\_\_\_ toward my education next year.
6. My parents expect to contribute approximately \$\_\_\_\_\_ toward my education next year.
7. Please list other sources of income and amounts: (Social Security, child support, etc.)

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8. Total number of dependents in household \_\_\_\_\_ (anyone **living** in the house including you).

9. Has your family qualified for or received public assistance and/or free or reduced lunches at school during the past four years?

(Please circle one)    Yes    No    (If yes, please explain which program you have received or qualified for.)

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I understand that the scholarship organizations using this application will establish and follow their own specific criteria for selection.

I hereby request and grant permission for my son or daughter’s high school academic transcript to be copied and sent with this application to the requested scholarship committees.

I certify that, to the best of my knowledge, all information contained in this application is true and accurate.

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**Student Signature**

**Date**

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**Parent/Guardian Signature(s)**

**Date**

**Please return by: 04/19/2024**

**Please return to: Quest Federal Credit Union Scholarship Committee  
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Kenton, OH 43326**



## Recommendation Form 2024

Student Name \_\_\_\_\_ Date \_\_\_\_\_

*Please complete this section*

Please make check marks in the appropriate box in each area to evaluate the applicant.

	Excellent	Good	Average	Below	Poor
Seriousness of purpose					
Ability to study					
Ability to communicate overall					
Initiative					
Responsibility					
Concern for others					
<b>Overall recommendation</b>					
For academic promise					
For personal promise					

Comments: \_\_\_\_\_ (Attach additional pages as necessary)

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

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return by: **04/19/2024**

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