



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 11th, 2025.

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

(Please circle one) Father Stepfather Place of Employment

Annual Gross Income _____

(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.)

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.)

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.

Student Signature

Date

Parent/Guardian Signature(s)

Date

Please return by: 04/11/2025

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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 | | | | | |
| | | | | | |
| Overall recommendation | | | | | |
| For academic promise | | | | | |
| For personal promise | | | | | |

Comments: _____ (Attach additional pages as necessary)

Signature: _____

Phone number: _____

Email Address: _____

Please return by: **04/11/2025**

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