



Scholarship Application for 2025 Graduating Seniors
Application Deadline: May 2, 2025

Are you or an immediate family member a member of the Credit Union? Yes No If yes, Member's Name _____

Are you at least 18 years of age? If not, please have parent or legal guardian complete the appropriate sections.

Student Applicant		First Name	Middle Name	Last Name
Telephone Number		Home Address (Street, City, State, Zip)		
Date of Birth	Email Address		Are you a U.S. Citizen?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the 2025 Credit Union Scholarship?				
Parent or Legal Guardian		First Name	Last Name	
Home Address (Street, City, State, Zip)				
Telephone Number		Email Address		
High School(s) Attended (List in Chronological Order of the Most Recent Schools Attended During the Last Two Years)				
Name of School	Location	Course of Study	Dates of Attendance	
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Cumulative GPA (not weighted)				
List the two-year, four-year or technical college you plan to attend, the anticipated start date and include a copy of your notification of acceptance.				

STATEMENT OF UNDERSTANDING

I certify that everything I have stated and reported in this application is true and correct. I understand that withholding information requested or giving false information may make me ineligible for the scholarship award. I understand that Compass Community Credit Union will retain this application and its enclosures whether or not I am successful in receiving a scholarship award. I further agree that the decision of Compass Community Credit Union and the selection committee will be final.

I hereby grant Compass Community Credit Union permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Compass Community Credit Union and will not be returned. I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

Must be postmarked by 4/25/2025 and mailed to: Compass Community Credit Union PO Box 1268, Eureka, CA 95502 or delivered to any branch no later than 5/2/2025