

TOM YOUNG EDUCATIONAL **Scholarship Qualifications**

- 1.** The Capital Credit Union - Tom Young Educational Scholarship Application must be completed and submitted by the deadline of **March 14, 2025**.
- 2.** Applicant must be a primary Capital Credit Union member.
- 3.** Applicant must be a graduating high school senior student pursuing a college career as a full-time student in the coming fall at a 2 year or 4 year institution.
- 4.** Applicant must have a minimum of a 2.5 cumulative grade point average on a 4.0 scale.
- 5.** Applicant must be in good standing during the applying semester and stay in good standing throughout the following semester. If applicant falls out of good standing, the scholarship will be revoked.
- 6.** Applicant cannot be an employee or an immediate family member of a credit union employee or board member.
- 7.** Application can be submitted at any Capital Credit Union branch or via email in a PDF or Word Document format. Formats not accepted: Google Docs, pictures of applications, or any other submissions.

By signing this, I agree that I have read and understand the terms of the qualifications for the Capital Credit Union - Tom Young Educational Scholarship. I agree that if I have not met all these qualifications, my application and/or scholarship will be revoked.

By signing this, I authorize and grant Capital Credit Union (and its assigns, licensees, or successors) the right to record, publish and/or use information about me, my name, reproductions of my image, marketing, publicity, or other purposes through any media should I be selected as a Capital Credit Union - Tom Young Educational Scholarship recipient. I acknowledge that photographs and other recordings taken of me become the property of Capital Credit Union and I release Capital Credit Union from any claim or liability that may result from use consistent with my consent and this release.

Signature

Date

For Minor Child (Under 18) or ward only: I am the parent or guardian of the minor or ward named below. I have the legal right to consent to and do consent to the terms and conditions of this scholarship form.

Signature of Parent or Guardian

Date

TOM YOUNG EDUCATIONAL
Scholarship Application

All information on this form will be kept confidential.

Applicant Information:

Name: _____ High School: _____
Parent's Name: _____ Email: _____
Address: _____
Phone: _____ Capital Credit Union Account # (last 3 digits) _____
College You Plan to Attend: _____
Intended Major: _____ High School GPA: _____

Please list any scholarships you currently have been awarded and the amounts:

Please see the following pages for what to include in this application:

- 1.** Please include one or two Evaluation Forms (attached), completed by community members who are willing to evaluate you for this scholarship and are not related to you.
- 2.** List your school and community activities, number of years in each, and any leadership positions. For any organizations you are involved with, please describe the organizations' missions.
- 3.** In essay format, discuss what you hope to accomplish with your degree and how it will help you to Do The Right Thing in your future community. (Essay has a 500 word limit.)

Everything on this application is true to the best of my knowledge. I am and will be in good standing with my High School Code of Ethics Policy. I have also read the scholarship requirements and understand the requirements to apply for a Capital Credit Union - Tom Young Educational Scholarship.

Signature

Date

TOM YOUNG EDUCATIONAL
**Community Member
 Evaluation Form**

Student's Name: _____

Evaluator's Name (*Cannot be a Relative*): _____

How do you know this student? What makes them stand out to you?

Evaluation of Student:

Select the appropriate below:

	Below Average	Average	Above Average	Outstanding
Work Habits	_____ ① _____	_____ ② _____	_____ ③ _____	_____ ④ _____
Attitude	_____ ① _____	_____ ② _____	_____ ③ _____	_____ ④ _____
Leadership Skills	_____ ① _____	_____ ② _____	_____ ③ _____	_____ ④ _____
Commitment to Community	_____ ① _____	_____ ② _____	_____ ③ _____	_____ ④ _____

Additional Comments:

 Evaluator's Signature

 Date

Please ensure that this form is given to student before the application packet is handed in. Not following this procedure may result in ineligibility for this scholarship.

TOM YOUNG EDUCATIONAL
**Community Member
 Evaluation Form**

Student's Name: _____

Evaluator's Name (Cannot be a Relative): _____

How do you know this student? What makes them stand out to you?

Evaluation of Student:

Select the appropriate below:

	Below Average	Average	Above Average	Outstanding
Work Habits _____	①	②	③	④
Attitude _____	①	②	③	④
Leadership Skills _____	①	②	③	④
Commitment to Community _____	①	②	③	④

Additional Comments:

 Evaluator's Signature

 Date

Please ensure that this form is given to student before the application packet is handed in. Not following this procedure may result in ineligibility for this scholarship.

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Activities & Organizations

Applicant Name: _____

List your school and community activities, number of years in each, and any leadership positions. For any organizations you are involved with, please describe these organizations' missions.



Doing the Right Thing

TOM YOUNG EDUCATIONAL
Applicant Essay

Applicant Name: _____

*Applicants may also submit a separate file containing their essay if they wish to do it in another document format.
Essay should be no longer than 500 words in length and submitted together with all other documents.*