

## **Scholarship Application**

				rship
Personal Information				
Last Name:	First Name:		Middle Init	ial:
Street:	City:	Pro	ovince: Postal C	ode:
Phone Number:	Email	Address:		
lembership Information				
Are you a Member of Motor City Comm	unity Credit Union?	Yes No		
Are you related to a Motor City Member	? Yes No	If yes, what is	your relationship?	
If you are a member, how long have you	been a member with	ו us?		
Education Information (attach an Official	or Unofficial Transcript	with this application	)	
a) List all Secondary Schools attended	and years of attend	dance:		
School:			Year:	
b) List all Post Secondary Institutions ar	d years of attendand	ce:		
School:			Year:	
School:			Year:	
School:			Year:	
c) Please provide details of the progra	m(s) in which you in	tend to be enroll	led this year:	
Name of Institution:				
Area of Study:				
What employment do you hope to achie	ve from your educat	ion?		
Level of Study: Diploma	Certificate	Bachelor	Master	Doctorate
	Last Name:	Last Name: First Name: Street: City: Email Immbership Information Are you a Member of Motor City Community Credit Union? Are you related to a Motor City Member? Yes No If you are a member, how long have you been a member with Education Information (attach an Official or Unofficial Transcript a) List all Secondary Schools attended and years of attended School:	Last Name:       First Name:         Street:       City:         Phone Number:       Email Address:         Iembership Information         Are you a Member of Motor City Community Credit Union? Yes       No         Are you related to a Motor City Member? Yes       No       If yes, what is         If you are a member, how long have you been a member with us?	Last Name:

4. Community Involvement (list activities and/or attach information as required)

## 5. Financial Information (pertaining to student)

a) List academic awards, grants, scholarships or bursaries received or receivable, include dollar amounts:
Award:
Award:
Award:
b) List any outstanding student loans, lines of credit, or OSAP:
Financial Institution:
Financial Institution:
Financial Institution:

## 6. Additional Information

Tell us something about yourself not covered by this application. You can also attach a separate document:

Have you ever received a Motor City Community Credit Union Scholarship?			Yes	No	Year:
How did you hear about the	scholarship?				
Social Media	MCCCU Website	ScholarTree	0	nline Ad	Print Ad
Other (please specify):					
Can we contact you with respect to our products and services?			Yes	No	
Would you like to be on our mailing/email list for additional information?			Yes	No	

 Completed apJiztions containing documentation requested must be received by 5:00PM on May 1, 2023.

 Submit completed applications by one of the following ways:

 By Email:
 scholarship@mcccu.com

 By Mail:
 Motor City Community Credit Union 6701 Tecumseh Road East Windsor, ON N8T 1E8 Attn: Scholarship Committee

 In Person:
 Deliver a sealed envelope addressed to the Scholarship Committee, at any Motor City Community Credit Union branch.