



P.O. Box 26043
Winston-Salem, NC 27114-6043
allegacyfcu.org

The Carolinas Credit Union Foundation's Scholarship Program was established in 1996 to provide funds to help credit union members continue their education. A college education is one of the best investments a person can make, and your credit union is dedicated to helping its members with that investment.

To be eligible for consideration for a Mel Hughes scholarship or other scholarships offered by the Carolinas Credit Union Foundation, an applicant must be (1) a member of Allegacy Federal Credit Union credit union and (2) be enrolled or accepted to be enrolled as a full-time student in an accredited college or university.

Applicants will be evaluated by the Foundation's Scholarship Selection Committee based on the following criteria:

- (1) Demonstrated academic ability. Transcripts, including GPA (**a minimum unweighted GPA of 3.00 is required**). Entering freshmen should include high school records with continuing students including high school records and college records as needed.
- (2) Demonstrated writing ability. The applicant must submit an essay on the topic listed in the application.
- (3) School Activities. The applicant should list all activities with continuing students including high school and college actives as needed. Explain which activity is most important and why.
- (4) Community activities. The applicant should list community activities and explain which activity is most important and why.

There is a supplemental section dealing with financial assistance. Applicants interested in consideration for a scholarship based on financial need, in addition to scholastics, should provide the requested information.

Enclosed is an application to be completed in its entirety and returned to **your local credit union** no later than **February 12, 2010**.

The application may also be mailed to: P.O. Box 26043, Winston Salem, NC 27114-6043.

Overnight address is 1691 Westbrook Plaza Dr. Winston Salem, NC 27103

Student Services
336-774-4138/800-782-4670 ext. 4138
studentloans@allegacyfcu.org



**MEL HUGHES
SCHOLARSHIP APPLICATION**

Please complete this application (PRINT OR TYPE ONLY) as accurately as possible and return it to your credit union no later than **February 12, 2010**.

Step 1 COMPLETE GENERAL INFORMATION

Your Name _____

Your Address _____

City _____ State _____ Zip Code _____

Your Phone Number _____ Social Security Number _____
(Home or Cell) (required but kept confidential)

Date of Birth: _____ Email: _____

The applicant must be a member of Allegacy Federal Credit Union to be eligible for consideration for a scholarship.

Your Credit Union Account / Member Number _____

The applicant expects to be enrolled as a full-time student:

- For the entire academic year
- Spring semester only
- Fall semester only
- Other _____

Step 2 SCHOOL ENROLLMENT

Name of College or University _____

Major/Degree Program _____

(HIGH SCHOOL SENIORS MUST ATTACH COPY OF COLLEGE ACCEPTANCE LETTER)

Current Level of Education (check one):
 High School Senior College Freshman
 College Sophomore College Junior
 College Senior

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Step 3 ATTACH COPY OF YOUR MOST RECENT TRANSCRIPT OF GRADES
(minimum requirement - unweighted GPA of 3.0 or higher)
College freshmen must include high school grades

Step 4 COMPLETE FOR THE FOLLOWING ACTIVITIES

List the most important School Activities with which you were involved, your level of participation and leadership roles (attach an additional sheet if needed):

Activity/Club	Length of Participation	Role in Group

Which of these School Activities was most important to you? Explain why:

List the most important Community Activities with which you were involved, your level of participation and leadership roles (attach an additional sheet if needed):

Activity/Club	Length of Participation	Role in Group

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Which of these Community Activities was most important to you? Explain why:

Step 5 ATTACH ESSAY

Please write an essay, not to exceed 250 words, explaining your position on the following topic:

- 1) In tough economic times, how will continuing your education and your credit union membership benefit you?

(This section must be typed. Use a separate sheet of paper with your name at the top).

Step 6 CERTIFICATION

All of the information provided by me is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form if required. My signature certifies that all the information provided is complete, factually correct and honestly represented. Falsification of information on this application could jeopardize any assistance offered.

Signature of Applicant _____ Date _____

I hereby affirm that I intend to enter an accredited school of higher education. I understand that no scholarship funds shall be transmitted to any educational institution until the Foundation receives notification from the Registrar of the college or university in which I am enrolled. Additionally, I hereby grant permission for the use of my name and information contained in my application in any future publicity for the Scholarship Fund.

Signature of Applicant _____ Date _____

**Application packet including transcripts and Essays must be received by
no later than February 12, 2010.**

**Student Services
Allegacy Federal Credit Union
P.O. Box 26043
Winston Salem, NC 27114-6043**

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**OPTIONAL
SUPPLEMENTAL REQUEST FOR FINANCIAL ASSISTANCE**

(This page is optional - only complete if you want to be considered for a needs-based scholarship)

If you are interested in being considered for a scholarship based on financial need, in addition to scholastic achievement, please provide the following data.

Total Household Taxable Income: \$ _____
(from Federal Tax forms where Student is claimed as dependent)

Estimated Funds Available:

Scholarships Confirmed \$ _____

College Financial Aid \$ _____

Savings \$ _____

Other \$ _____

Total Funds Available \$ _____

Will you be working to help pay for education expenses?

Yes No

If yes, please estimate your weekly income. \$ _____

Total number of Dependents in household: _____
(Claimed on same Federal Tax forms as above)

Number of these Dependents enrolled in college: _____
(Claimed on same Federal Tax forms as above)

Include any additional explanation describing your need for financial assistance.



**ALLEGACY FEDERAL CREDIT UNION
MEMBERSHIP APPLICATION**
allegacy@allegacyfcu.org

P.O. Box 26043
Winston Salem, NC 27114-6043
336.774.3400 | 800.782.4670

Today's Date _____

CIF _____ Teller# _____

OWNERSHIP-Individual

Legal Name: _____
SS#/TIN #: _____ DOB: _____
Home Address: _____
City: _____
St: _____ Zip: _____
Email: _____

Driver's License #: _____ State: _____
Home Phone #: _____
Bus Phone #: _____
Cell #: _____
Employer: _____

Mailing Address (if different from your Physical Address):

Mailing Address: _____ City: _____ St: _____ ZIP: _____

I qualify for membership in the Credit Union through:

My Employer Association School: _____

My Relative/Household Member:

Name _____ Relationship _____ Their Employer _____

DEPOSIT ACCOUNT (Required account \$5 minimum)

Account # _____ Dividend Plus _____ Daily Access _____ Global _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Dividends will be reported to the IRS under the taxpayer Identification Number listed on this application. Under penalties of perjury I certify: (1) that the number shown on the this form is my correct Taxpayer Identification Number; that I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Internal Revenue Service regulations require you to strike out the language certifying that you are not subject to backup withholding due to a notice from the Internal Revenue Service advising you that backup withholding has terminated); and (3) that I am a U.S. person (I am either a citizen or a resident alien of the United States).

SIGNATURE *Owner/agent must sign signature box below*

I hereby make application for membership in the Allegacy Federal Credit Union subject to its bylaws and amendments thereof and subscribe to at least one share. **(One Share is equal to \$5.00. Please enclose check or money order.)** I agree to Allegacy Federal Credit Union's "Membership & Account Agreement" and the "Rate & Fee Schedule" that is applicable to the selected account (s). If PhoneBanking, Visa® Check Card, or any EFT service is requested and provided, I agree to the terms of the Electronic Funds Transfer Agreement included in Allegacy Federal Credit Union's "Membership & Account Agreement". I certify that all information provided is correct to the best of my knowledge. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding**

Are you a US citizen or resident alien?: YES NO **If NO, Form W-8 BEN is required unless you open a Global Access Account**

OWNER SIGNATURE:

ALLEGACY OFFICE USE

Viewed Driver's License/State ID Card Expiration Date: _____
Viewed Passport/Gov't ID # _____ Exp. Date ____/____/____ Country _____
Credit Bureau Reports/i-Risk _____

CIP Identity Verification As Required by Federal Law

All In One Given/Mailed to Member

Chex Systems: SS# Yr/ST _____/_____

No Records

Records

Order Plastic

PhoneBanking

Account Information Attached