



ATTENTION:

**SAN DIEGO AND IMPERIAL COUNTY CREDIT UNION EMPLOYEES,
THE AL GEORGE MEMORIAL SCHOLARSHIP IS CURRENTLY ACCEPTING APPLICATIONS!**

WE ARE THRILLED TO OFFER YOU THIS CAREER BUILDING OPPORTUNITY OF UP TO \$500.00 DOLLARS TOWARDS ANY CREDIT UNION SPECIFIC EDUCATIONAL FORUM, SUCH AS A SEMINAR, CONFERENCE OR WEBINAR! THESE EVENTS ARE EDUCATIONAL, MOTIVATING AND HAVE AN EXTREMELY POSITIVE EFFECT ON YOUR RESUME; KEEP YOUR MIND SHARP! WE ENCOURAGE YOU TO APPLY TODAY!

QUALIFICATIONS ARE AS FOLLOWS:

- YOU MUST CURRENTLY BE EMPLOYED AT ANY CREDIT UNION AFFILIATED WITH THE SAN DIEGO/IMPERIAL CCUL CHAPTER.
- THE SCHOLARSHIP IS AVAILABLE REGARDLESS OF YOUR POSITION OR LENGTH OF EMPLOYMENT.
- THE MAXIMUM DISBURSEMENT AMOUNT IS \$500.00; \$750.00 PER CREDIT UNION PER CALENDAR YEAR
- APPLICANT IS LIMITED TO ONE SCHOLARSHIP PER YEAR.
- SCHOLARSHIPS ARE AWARDED ON A FIRST COME FIRST SERVED BASIS.
- ALLOCATED FUNDS ARE LIMITED, ONCE DISBURSED THEY WILL NO LONGER BE AVAILABLE.
- APPLICATION MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO EVENT.

Please send your completed and signed applications to the Al George Memorial Scholarship Committee via fax at (858) 495-1693 OR scan and email to, khorton@calcoastcu.org





AL GEORGE MEMORIAL SCHOLARSHIP APPLICATION

Purpose of Scholarship

Name of event (attach program brochure or list URL if available):

Date(s) of event (Must apply 30 days in advance of event): _____

Event Cost or Tuition (excluding expenses such as parking, travel, and meals): _____

Amount of Scholarship Requested: \$ _____

Applicant Information

Applicant Name: _____ Title: _____

Email Address: _____

Affiliate Credit Union: _____

Credit Union Address: _____

City: _____ State: _____ Zip: _____

Credit Union Phone: _____ Fax: _____

Length of time in the industry: _____ Year(s) _____ Month(s)

Number of Chapter Meetings attended in the last year: _____

Briefly state why you believe you should be considered for a scholarship request and how it will assist you in your current position or future career opportunities within credit union industry:

Signature of Applicant: _____ Date: _____

Affiliate Credit Union Approval (required)

I have approved the above application and have authorized this individual to participate in this event. The Credit Union will take the responsibility to find the means to cover the remaining expenses, should a partial grant be given.

President/CEO Name: _____ Signature: _____ Date: _____

Chapter Approval (internal use only)

Approved by (Name): _____ Signature: _____ Date: _____