



**2020 / 2021**  
**Scholarship Application**  
 for edge Youth Account members  
 between the ages of 18 - 25

Name: \_\_\_\_\_ 7 17 Acct Relationship: \_\_Yes \_\_ No \_\_ Parent

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

Post-secondary institutions applied for the upcoming academic year: \_\_\_\_\_

**On a typed, separate sheet of paper:**

1. List the community activities, school activities and awards received
2. Tell us about what you plan to do upon completing your education

**On a typed, separate sheet of paper answer the following questions:**

Each answer must be between 200-300 words, typed and double spaced.

*There are many opinions on what the credit union of the future will look like. If you were to create your own credit union, what products and services would be provided and why?*

**GENERAL REQUIREMENTS FOR SCHOLARSHIP. All documents must be submitted together.**

1. The applicant must be an *edge* club member at Seven Seventeen Credit Union, Inc.
2. All requested information must be received for application to be considered.
3. The applicant must be enrolled as a full-time student pursuing a post-secondary education at an accredited facility.
4. The applicant must have and maintain at least a 3.00 grade point average on a scale of 4.0. **(Must attach grade transcript from your guidance office verifying GPA)**
5. The applicant **MUST provide 2 letters of recommendation.**
6. The scholarship will be granted without regard to sex, race, or creed
7. Scholarship will be paid directly to the university for the student. One half of the scholarship will be paid for the fall semester and one half for the spring semester. It will be used for tuition, fees, and book expenses.
8. This is a renewable scholarship. All interested applicants must complete a new application for consideration for each scholastic year and provide all required documentation.

I certify that this information is complete and correct to the best of my knowledge:

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

Return completed application with requested attachments to any 7 17 Office or mail to:  
 7 17 Credit Union

Attn: Scholarships, 3181 Larchmont Avenue NE, Warren, Ohio 44483 **no later than MARCH 1, 2020.**

For more information, go to [www.717cu.com/scholarships](http://www.717cu.com/scholarships)