

BETHEX FEDERAL CREDIT UNION

JAMES ALEXANDER SCHOLARSHIP

Completed applications with attachments can be sent
via mail to the following address*:

Bethex Federal Credit Union
Attn: Joy Cousminer
Scholarship Coordinator
20 E 179th Street, LL
Bronx, NY 10453



*Applications received by mail will be verified by credit union President/CEO.

JAMES ALEXANDER SCHOLARSHIP

The Award

The James Alexander Scholarship will be awarded to 2 deserving young students for \$500 each.

Eligibility

The applicant must be a **member**, a **child** or **grandchild** of a member in good standing of Bethex Federal Credit Union. The applicant must be a high school senior attending an accredited college in the fall and be involved in community service for at least 6 months prior to applying. Scholarship funds must be used (1) for tuition, (2) books, and/or (3) college fees.

Application Process

Eligible members must complete this scholarship application. **A member may submit only one application.**

Check each box after completion

1- The application must be signed by the credit union CEO in order to verify eligibility.

2- The signed application must be submitted together with:

An **official** high school transcript (with a raised seal).

An SAT/PSAT/ACT transcript (this can be obtained through your high school guidance office).

3- An acceptance letter from an accredited college.

Selection Process

Judging will be based on subjective criteria. These include academic performance, and community activities.

Application Deadline

Application must be returned to the credit union no later than **May 15, 2011**.

Announcement will appear in Summer Newsletter.



JAMES ALEXANDER SCHOLARSHIP

Scholarship Applicant Information

Applicant will not be considered unless all information is completed in full and all requested documentation is provided. Please type or print clearly, and answer the following questions completely.

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

High School _____

Anticipated Graduation Date ____ / ____ / ____

Name of College You Plan to Attend: _____

Honors, Awards and Certificates

1. _____
2. _____
3. _____
4. _____
5. _____

Community Service Activities

1. _____
2. _____
3. _____
4. _____
5. _____



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_ Certification and Release Authorization

The following information must be completed for the applicant to be considered for scholarship awards. *I certify this information is true, complete and accurate.*

I also authorize the credit union to tell my story.

Print Student's Name

Student's Signature

Date (MM_DD_YY)

Bethex FCU Account Number

Print Parent/Guardian Name

Parent/Guardian Signature

Date (MM_DD_YY)

Relationship to Student

Account Holder's Signature

Application Verification

For Credit Union Use Only. Application will not be considered unless this section is completed in full by sponsoring credit union CEO.

I hereby certify that the following applicant is a credit union member in good standing.

Bethex FCU Staff's Name

Signature

Date



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