

# 2019 BERNARD F. SMITH MEMORIAL SCHOLARSHIP APPLICATION

Sponsored by the Northeastern CT Health Care Credit Union

## Healthcare or Finance Scholarship

*(Please refer to The Criteria for Eligibility before completing this form.)*

**This application form and its attachments must be received on or before the 1<sup>st</sup> of March to be considered.**

**In the event that the committee needs to communicate with you, we will use your email address.**

First Name, MI		Last Name		Today's Date
Date of Birth (MMDDYYYY)	Telephone Cell or Home		Email	
<b>Mailing Address</b> Street/Apt #:  City/State/Zip				

Date your NCHCCU Membership began, (You must be a member for at least one year prior to application): \_\_\_\_\_

Professional/Academic resume is required. Indicate your past ten years of work experience and/or the high school or college that you have attended.

High School students must submit proof of your most recent grade point average.

### Academic

School/University/College Name & Location	Years Attended	Graduation/Degree Received

### Employment ☐ I am a student and do not work

Place of Employment	Dates Worked	Position/Job

If you have been accepted at more than one college, list them below and indicate your strongest choice(s).

College/University	Location	Area of Degree in Finance or Healthcare

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My career path will be in \_\_\_\_ Healthcare or \_\_\_\_ Finance with plans to become a/an \_\_\_\_\_.

Anticipated date of completion \_\_\_\_\_

Have you been or do you expect to be awarded other scholarship, tuition reimbursement or additional financial aid? (if yes, please state source and amount)

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Course description (location, dates, subjects, etc.) Attach any relevant literature.

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Credit Unions have a foundation on volunteerism and helping one another. In 200 words or more, tell how you have given back, either to a group or to an individual. If you have not had that chance, describe how you would see yourself being a volunteer. Use this space, or attach a document.

You are encouraged to submit an additional letter to indicate specifically what benefits you expect to derive from this course (or courses) and to include any other information that you believe will aid this committee in making its decision.

## Applicant Checklist

- ☐ Completed Application
- ☐ Grade point average for high school students
- ☐ Letter of Recommendation
- ☐ Course Description Literature
- ☐ Letter of Explanation from you, outlining your education plan and the reason for financial assistance
- ☐ Application received by March 1<sup>st</sup> to:  
Chairperson, Bernard F. Smith Memorial Scholarship Committee  
C/O NCHC CU, Inc. 320 Pomfret St.  
Putnam, CT. 06260

Any applications received after this date will be eliminated for consideration.



## For Committee Use only

Date Received	Current Form ( ) Yes ( ) No	Date Returned	Date Received

Rev: BOD 12/27/18