



AL GEORGE MEMORIAL SCHOLARSHIP APPLICATION

PURPOSE OF SCHOLARSHIP

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

Date(s) of the event (must apply 30 days in advance of the event):

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

Amount of scholarship requested:

APPLICANT INFORMATION

Applicant Name:

Affiliate Credit Union:

Applicant title:

Applicant email address:

Applicant phone number:

Applicant length of time in the CU industry (years/months):

Number of Network meetings attended by applicant in the prior year:

Please provide a brief description of why you believe you should be considered for your scholarship request, and how it will assist you in your current position or future career opportunities within the 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 the proposed event. The credit union will take responsibility to find the means to cover the remaining expenses, should any partial grant be awarded.

President/CEO or Direct Manager Name and Title:

Signature of approver:

APPROVAL (INTERNAL USE ONLY):

Committee Approved? Y ☐ N ☐ Name:

Signature:

Date:
