

EPB EMPLOYEES
CREDIT UNION



Please provide the following requested information;

Name (First, Middle, Last):

Address (Street, City, State, ZIP):

Phone:

Email:

High School Name:

High School Address (Street, City, State, ZIP):

College/University/Technology School Information

School Name:

School Address (Street, City, State, ZIP):

I understand that this application must be accompanied by a senior year grade transcript with GPA, a list of community and/or school activities, a letter of recommendation from a teacher or community leader, and an essay. Also, I certify that I understand the Rules and Requirements for the scholarship and that the information submitted is true to the best of my knowledge. I acknowledge that all submitted scholarship application information becomes the sole property of EPB Employees Credit Union and that none of the information will be returned to the applicant. Further, I give permission to EPB Employees Credit Union to use my name and photograph for promotional and publicity purposes.

Signature: _____ Date: _____

The judging committee will be members of the Tennessee Credit Union League. All decisions are final. Submission deadline is Wednesday, April 15, 2020 by 4:00 PM. Applicants who do not meet all requirements or who do not submit all requested information as of the deadline will be eliminated.

1500 McCallie Ave. • Chattanooga, TN 37404 • Phone: 423-648-3413 • Fax: 423-698-2912