



## Post Graduate Studies Scholarship Award Application Form

To: Administrators  
Department Heads

From: Scholarship Committee  
Patricia Leary, Chair  
Donald O. Sandridge, Co-Chair

Date: January 2009

Subject: Official Application Form and Information

The Post Graduate Studies Scholarship Award was established in 2006 by the Hampton Roads Educators' Credit Union to encourage teachers and other school employees to pursue higher levels of education. We will award 1 scholarship this year in the amount of \$1500 each. The award will go to a teacher or employee who is pursuing a Master's degree or higher.

*Applicants must be a member of our Hampton Roads Educators' Credit Union and work in one of the school systems in our field of membership.*

Please inform any interested, eligible applicants about our scholarships. Regulations that govern this award are also included.

PLEASE NOTE – COMPLETED APPLICATIONS SHOULD BE RETURNED AS FOLLOWS:

**DEADLINES:**

FAX to Patricia Leary, at (757) 838-0776 by February 22, 2010

OR

MAIL to Patricia Leary, 2130 Cunningham Dr., Hampton, VA 23666 by  
February 22, 2010

PLEASE REPRODUCE COPIES OF THE ENCLOSED APPLICATION FORM, AS NEEDED

**PLEASE TYPE OR PRINT CLEARLY!**

You must be a member in good standing of Hampton Roads Educators' Credit Union, Inc. for your application to be accepted. Please provide us with your account information:

Member Acct. # \_\_\_\_\_

Member Name: \_\_\_\_\_

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security No. : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_ APT # \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer/School/Dept: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Years with Employer: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MOST RECENT COLLEGE TRANSCRIPT**

If already enrolled, at what college/university? \_\_\_\_\_

If you are not currently enrolled:

College Planning to Attend: \_\_\_\_\_

Type of Post Graduate Degree Planning to Obtain: \_\_\_\_\_

**PERSONAL REFERENCES:** Provide at least two personal references:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number. \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number. \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Ccde \_\_\_\_\_

Phone Number. \_\_\_\_\_ Email: \_\_\_\_\_

List community involvement and any office(s) held:

<b>Activity</b>	<b># of Years Participated</b>	<b>Office(s) Held</b>
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**APPLICANT'S ESSAY: Please explain why you are applying for the Post Graduate Studies Scholarship and what it would mean if you were awarded the scholarship.**

Signature: \_\_\_\_\_

**(If more space is needed, please attach a separate sheet.)**

**Recommendation from Immediate Supervisor**

Applicant's Name: \_\_\_\_\_

*(Please type if possible)*

***Why you believe this applicant is deserving of the Post Graduate Studies Scholarship  
from HRECU, INC.***

Signature: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_