



Master of Education Scholarship Award Application Form

The Master of Education 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 scholarships this year in the amount of \$1,500.00, which 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 within our field of membership.

Eligible Fields of Membership: Gloucester, Gloucester Municipal, Hampton, Isle of Wight, Mathews, Middlesex, Poquoson, Surry, Williamsburg-JCC and all private schools located within these localities.

PREVIOUS WINNERS of the Master of Education Scholarship are eligible to re-apply if they are applying for a scholarship under a different degree.

ALL COMPONENTS OF THE APPLICATION MUST BE TYPED TO BE CONSIDERED
No handwritten applications will be accepted.

ALL MATERIALS MUST BE RECEIVED BY THE DUE DATE.

We strongly encourage you to follow-up to ensure that all documents are received by the due date.

COMPLETED APPLICATIONS SHOULD BE SUBMITTED ONE OF THE FOLLOWING WAYS:

FAX to: (757) 838-0776

E-mail (AS A PDF FILE) to marketing@hrecu.org

OR

MAIL to Attn: Marketing, 2130 Cunningham Dr., Hampton, VA 23666-2502

Completed Applications Must Be Received by 5 PM Friday March 6, 2026

REGULATIONS GOVERNING THIS SCHOLARSHIP

Applicant must:

Be a candidate for a Master's degree or higher and have outstanding character traits, citizenship, scholarship and leadership qualities.

Hold a genuine desire to further their career in the field of education within the Virginia public or private school system as evidenced by:

- 1). Providing the name of the public or private college he/she plans to attend that has a recognized program in education and/or related fields.
- 2). Recommendation by his/her immediate supervisor.

FINANCIAL CONSIDERATIONS:

- 1). The scholarship shall be paid directly to the college in which the student enrolls, **no later than October 31st of the year the scholarship is awarded**, by the treasurer of the Hampton Roads Educators Credit Union.
- 2). If the recipient withdraws from college this note shall be payable with interest to the treasurer of Hampton Roads Educators' Credit Union and be due one year from the date of such college withdrawal. PLEASE NOTE: In hardship cases the Credit Union Board of Directors may extend this time of re-payment or authorize cancellation of the entire obligation to repay this scholarship amount.

Applicant:

The application will not be complete unless it includes the most recent transcript from the institution where you completed your highest level of education or where you are currently enrolled, a typed recommendation from your immediate supervisor, and a typed essay.

Scholarship Committee:

The HRECU Scholarship Committee will review all applications and select recipients for the scholarship(s) as offered. The recipient(s) will be notified in writing of their award. Incomplete application packets will be considered ineligible by the Scholarship Committee. Decisions made by the Scholarship Committee are final. All information will be kept confidential.

Names of the recipients shall be announced at the Annual Meeting of the HRECU in March. These names shall also be published in the Credit Union Newsletter.

Completed application packet MUST be received by 5 PM Friday, March 6, 2026.

***DEADLINE INFORMATION**

BY March 7, 2025 – Mail or Fax to: **Marketing**

**C/O HRECU
2130 Cunningham Dr.
Hampton, VA 23666
Fax #: (757) 838-0776**

Or E-MAIL as a .pdf file to marketing@hrecu.org

PLEASE TYPE!

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. # _____ (required)

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 SIGNED AND SEALED 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: _____

Employment/Internship/Volunteer Job-Like Experience:

Company _____ Position: _____

Description of work: _____

Immediate Supervisor: _____ From: __/__/__ To: __/__/__

Telephone No: _____ Reason for Leaving _____

Company _____ Position: _____

Duties: _____

Immediate Supervisor: _____ From: __/__/__ To: __/__/__

Telephone No: _____ Reason for Leaving _____

Company _____ Position: _____

Duties: _____

Immediate Supervisor: _____ From: __/__/__ To: __/__/__

Telephone No: _____ Reason for Leaving _____

List of any honors and awards received:

PLEASE ATTACH SEPARATE SHEET.

APPLICANT'S ESSAY: Please explain why you are applying for the Master of Education Scholarship and what it would mean if you were awarded the scholarship.

Signature: _____

The application is void without a signature. (If more space is needed, please attach a separate sheet.)

Recommendation from Immediate Supervisor

Applicant's Name: _____

(Please type below or use separate sheet)

***Why you believe this applicant is deserving of the Master of Education
Scholarship from HRECU, INC.? Please reference the applicants character/
attributes, accomplishments, and rank their potential for achievement.***

Signature: _____ PRINT NAME: _____

Title: _____ Organization: _____

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 Code _____

Phone Number _____ Email: _____

Activity	# of Years Participated	Office(s) Held