

THE NAOMI J. CHADWICK MEMORIAL SCHOLARSHIP

The Naomi J. Chadwick Memorial Scholarship was established in 2015 by the Hampton Roads Educators Credit Union Board of Directors to encourage outstanding high school graduates to pursue a degree in any area of study from a 2 or 4-year college or university. We will award 1 annual need-based scholarship in the amount of \$1,000.00.

Applicants MUST be a member of Hampton Roads Educators Credit Union and attend school within our field of membership. Applicants must demonstrate their need for financial assistance. Applicant must be majoring in education.

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.

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 ATTN: Marketing, at (757) 838-0776

OR

MAIL to ATTN: Marketing, Hampton, Roads Educators Credit Union, 2130 Cunningham Dr., Hampton, VA 23666

OR

E-MAIL (as .pdf file) to marketing@hrecu.org

INTRODUCTION

Naomi J. Chadwick served on the Board of Directors for Hampton Roads Educators Credit Union from 1999 until her passing in 2015. She served as 1st Vice Chairman. She also served on the nominating committee, budget committee, and as 2nd Vice Chairman.

Mrs. Chadwick was a graduate of Norfolk Public Schools, earned her Bachelor of Science degree from Norfolk State College (now University), and later received her Master of Arts Degree in 1962 from Columbia University. Pursuing her love of education, Mrs. Chadwick was a teacher in the Hampton City School Systems, and she also served as a member of the Executive Board for the Hampton Education Association for several years.

Mrs. Chadwick was an active member of the community. She spent time volunteering at the Sarah Hudgins Center, Boys and Girls Club, Girl Scouts, and holding many volunteer positions within her church. Naomi J. Chadwick was a faithful member of Delta Sigma Theta Sorority, Inc. holding several offices including President, and was an active life member of the NAACP Education Committee. Through her community outreach Mrs. Chadwick demonstrated her commitment to the "People Helping People" philosophy.

In honor of Mrs. Naomi J. Chadwick, a Memorial Scholarship was implemented in the year 2015 by the Hampton Roads Educators' Credit Union Board of Directors to encourage outstanding high school graduates to pursue a 4-year degree from a college or university in any field of study.

Before completing the scholarship application, students should review the terms and conditions of the scholarship agreement as outlined in the attached information.

REGULATIONS GOVERNING THIS SCHOLARSHIP

Applicant must:

Hold a genuine desire to pursue a 2 or 4-year degree from a college or university in any field of study by:

- 1). Providing the name of the accredited public or private college he/she plans to attend.
- 2). Providing a typed letter of recommendation of your choice.

FINANCIAL CONSIDERATIONS:

- 1). The scholarship shall be paid directly to the college in which the student enrolls, **no** later than September 30th of the year the scholarship is awarded, by the treasurer of the Hampton Roads Educators' Credit Union.
- 2). A student who accepts an appointment to a U.S. Military Service Academy, any 4-year ROTC scholarship or any other scholarship, grant or fellowship covering full tuition, books, and fees **is not eligible** to receive this scholarship.
- 3). 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.

Scholarship Committee

The HRECU Scholarship Committee will review all applications and select a recipient for the scholarship as offered. The recipient 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 HRECU in March. These names shall also be published in the Credit Union Newsletter.

The application will not be complete unless it includes the most recent official high school transcript (not a photo copy) OR an emailed transcript from the Guidance Counselor, a <u>typed</u> letter of recommendation of your choice, and a <u>typed</u> essay.

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

*DEADLINE INFORMATION

BY March 6, 2026 – 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

APPLICATION

NAOMI J. CHADWICK MEMORIAL SCHOLARSHIP

I.	APPLICANT'S NAME:(Last)	(First)	(Middle)
	HOME ADDRESS:		
		ONE NUMBER:	
	EMAIL A	ADDRESS:	
2.	HIGH SCHOOL NOW ATTENDIN	G:	
	GUIDANCE COUNSELOR:		
	FAX: PLEASE CHECK IF CURRENTLY	HOMESCHOOLED:	-
3.	APPLICANT'S DATE OF BIRTH:	AGE:	GENDER:
4.	FATHER'S (OR GUARDIAN) OCO NAME OF FATHER'S EMPLOYED	CUPATION: R:	
	MOTHER'S (OR GUARDIAN) OC NAME OF MOTHER'S EMPLOYE	CUPATION:ER:	
	NUMBER OF BROTHERS, SISTER HOME:	RS AND/OR DEPENDENTS	S 18 & UNDER LIVING AT
	NUMBER OF BROTHERS, SISTERS AND/OR DEPENDENTS CURRENTLY ATTENDING COLLEGE:		
		UNDER \$15,000 \$15,000 TO \$29,999 \$30,000 TO \$44,999	\$45,000 TO \$59,999 \$60,000 TO \$74,999 \$75,000 & OVER
5.	LIST ALL OTHER SCHOLARSHIP EXPECTED:		EIVED OR

6.	APPLICANT'S EMPLOYME (PART AND FULL-TIME):	ENT/INTERNSHIP/VOLUNTEER JOB-LIKE EXPERIENCE		
7.		TRA CURRICULAR ACTIVITIES, COMMUNITY R PROGRAMS (PLEASE LIST AND INCLUDE DATES):		
8.	HONORS AND AWARDS RE	RECEIVED (PLEASE LIST AND INCLUDE DATES):		
9.	NAME OF THE COLLEGE O	OR UNIVERSITY YOU PLAN TO ATTEND:		
10.	TENTATIVE CAREER PLAN	NS:		
11.	PLEASE ATTACH A SEPARATE SHEET TO EXPLAIN YOUR NEED FOR FINANCIAL ASSISTANCE, YOUR PLANS FOR FINANCING YOUR EDUCATION, AND ANY SPECIAL FAMILY CIRCUMSTANCES WHICH SHOULD BE CONSIDERED. PLEASE ALSO INCLUDE YOUR DESIRES OR MOTIVATION TO PURSUE A 2 OR 4-YEAR DEGREE IN THE FIELD OF YOUR CHOICE.			
APPI	LICANT ACKNOWLEDGEM	ENT		
	e read the regulations pertaining tarship grant, I agree to fulfill the	to the Credit Union scholarship program. If chosen for a obligation.		
(Date of Application)		(Signature of Applicant) – void without signature		
	e read this application and certify rements as stated in the scholarsh	that information given here is correct and agree to the nip criteria.		
(Date of Application)		(Signature of Parent/Guardian)		

SCHOOL ADMINISTRATIVE SUPPORTING FORM

MEMORANDUM TO: GUIDANCE COUNSELOR, SCHOOL PRINCIPAL AND/OR HOME SCHOOL **ADMINISTRATOR** RE: SCHOLARSHIP APPLICANT: (First) (Middle) As you may know, your student named above has applied for a scholarship with the Hampton Roads Educators Credit Union, Inc. (HRECU). Please complete this Administrative Supporting Form with the following confidential information. Please assist your student in the FAXING, MAILING OR E-MAILING of his/her completed application. DEADLINE INFORMATION: Please submit one of the following ways: **BY March 6, 2026 - MAIL TO:** Marketing C/O HRECU 2130 Cunningham Dr. Hampton, VA 23666 BY March 6, 2026 - FAX TO: (757) 838-0776 BY March 6, 2026 – E-MAIL TO: marketing@hrecu.org (.PDF Files Only) Please attach A SIGNED AND SEALED OFFICIAL TRANSCRIPT of student's high school 1. academic record OR an emailed transcript from the Guidance Counselor. (CANNOT BE FAXED) 2. Outstanding character traits, citizenship and leadership qualities: (continued....)

Continuation of School Administrative Supporting Form:
Signature of Principal/Home School Administrator
Signature of Guidance Counselor
High School
(Area code) (School telephone number)
(E-mail address)
Date: