





**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 Post Graduate Studies 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 Post Graduate Studies Scholarship from HRECU, INC.? Please reference the applicants character/attributes, accomplishments, and rank their potential for achievement.***

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

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

