

**Herbert Ellison Memorial Scholarship Fund
Community Development Fund
SCHOLARSHIP APPLICATION**

Credit Union Name: _____

Address: _____

Phone No.: _____ Asset Size: _____ Camel Rating: _____

Applicant's Name: _____

Address: _____

Phone No.: _____ Position in CU: _____

Years in Position: _____ Full-time: _____ Part-time: _____ Volunteer: _____

Major credit union responsibilities: _____

Scholarship assistance is being requested in the amount of \$_____ for my participation in the following conference, school, workshop, etc.: (check one)

- | | |
|--|--|
| <input type="checkbox"/> CEO (Managers') Conference | <input type="checkbox"/> Teller Training |
| <input type="checkbox"/> Elected Leaders' Conference | <input type="checkbox"/> IRA Training |
| <input type="checkbox"/> LoanPower Symposium | <input type="checkbox"/> Cards Training |
| <input type="checkbox"/> Planning Session Facilitation (League staff) | <input type="checkbox"/> Board Training |
| <input type="checkbox"/> Southeastern Regional Credit Union Management School (SRCUS) | |
| <input type="checkbox"/> Certified Credit Union Executive Program (Must be recommended by ICCUE) | |
| <input type="checkbox"/> Other League or CUNA school: _____ | |
| <input type="checkbox"/> Special request: _____ | |

Please consider my request for Scholarship assistance in the amount indicated above. I understand that I may receive less than the full amount requested based on available funds. I further understand that if I am unable to attend, for any reason, in the year scholarship funds are granted, I will immediately return the amount of the scholarship funds received.

Print Name: _____

Signed: _____ Dated: _____

Send completed application to: Geraldine Cardwell, Vice President, CFO,
Tennessee Credit Union League
P.O. Box 21550 • Chattanooga, TN 37424
423-899-2425 • 800-572-7359 • Ext. 117
Fax 423-899-8726 • e-mail: gcardwell@yourleague.org