

**Herbert Ellison Memorial Scholarship Fund
SCHOLARSHIP APPLICATION**

Credit Union Name: _____

Address: _____

Phone No.: _____ Asset Size: _____

Applicant's Name: _____

Address: _____

E-mail: _____

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)

____ CEO Conference

____ Compliance Training

____ Elected Leaders' Conference

____ IRA Training

____ Leg/Reg Conference

____ Planning Session Facilitation

____ Southeastern Regional Credit Union Management School (SRCUS)

____ Other League or CUNA school: _____

____ 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, Executive VP/CFO**
Tennessee Credit Union League
P.O. Box 21550 • Chattanooga, TN 37424
423-899-2425 • 1-800-572-7359 • Ext. 1203
Fax 423-899-8726 • e-mail: gcardwell@yourleague.org

May 2013