



MEMBER SCHOLARSHIP PROGRAM

2025 OFFICIAL RULES AND APPLICATION

My Community Credit Union (MCCU) is pleased to offer **six \$2,500 scholarships** to student members. This scholarship is open to high school seniors, current college students, and members who want to further their education. Please read the following instructions and requirements carefully to find out how we can help you become the next MCCU scholarship recipient.

ELIGIBILITY REQUIREMENTS

Candidates must meet all the following requirements:

1. Scholarship applicant (**not applicant's parent**) must be a MCCU member with a checking and/or savings account prior to applying.
2. Applicant's account must be in good standing.
3. Applicant be enrolled as a full-time student as defined by students' college or university.
4. Applicant must submit all required attachments with application; incomplete applications will not be eligible.
5. Awards must be used for the 2025-2026 school year.
6. Applications must be postmarked by April 11, 2025, in order to be considered.
7. Scholarship recipients must maintain their membership with My Community Credit Union throughout award period.

INSTRUCTIONS

1. Complete the application in its entirety. You may attach additional sheets of paper if necessary.
2. Make sure to include all required attachments (see below) with completed application. Scholarship applications and related attachments will not be returned. Please do not submit original copies.
3. Mail completed application and all attachments to: Crossroads Scholarship Committee, Attn: Marketing, My Community Credit Union, 600 W. Louisiana, Midland, Texas 79701

DEADLINE

Scholarship entry packet must be postmarked by April 11th, 2025. Entries postmarked after that date will be ineligible. Finalists selected by the MCCU scholarship committee will be contacted by May 7th, 2025.

APPLICATION REQUIREMENTS

Please submit the following attachments along with completed application to MCCU, Attn: Marketing. Any applications submitted that do not have all the required attachments will be ineligible.

1. Copy of applicant's high school or college transcripts with GPA.
2. Two current letters of recommendation. One letter must be from a professional/scholastic reference, and one must be from a personal reference. Each letter should be dated and include the name, address, and phone number of the referrer. The letter must state how long and in what capacity the referrer knows the applicant (non-family). ***Please use the Crossroads Recommendation Form included, along with a separate written letter of recommendation for each reference.***
3. Completed essay on topic listed below.
4. Photo and short bio on applicant. This will be used for marketing material if the applicant is chosen. (Maximum of 250 words)

ESSAY

All applications must include a typed essay. There is no word count limit. The essay topic is:

What does Community mean to me.

CRITERIA FOR SELECTION

In addition to eligibility guidelines, the following will be considered in selecting recipients.

1. Academic Performance — Academic performance and honors (*On a 4.0 scale, a GPA of 3.0 or higher is recommended*), class rank, and ACT/SAT test scores (*a minimum SAT score of 800 and/or a minimum ACT score of 19 is highly recommended*).
2. Activities — Community and school activities, involvement, leadership positions, and awards/recognition
3. Recommendations & Transcripts
4. Essay — On assigned topic

Please be sure to attach the required information along with this application. Any applications that do not have the required attachments will be ineligible. You may use a separate sheet of paper with any additional information that does not fit on this page.



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Send completed application and materials no later than April 11th, 2025

Mail to: Crossroad Scholarship Committee

Attn: Marketing

My Community Credit Union

600 W. Louisiana, Midland, Texas 79701

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

MCCU Member #: _____ Daytime Phone: _____ Student Cell: _____

Date of Birth: _____ Student Email: _____

Father or Guardian Name: _____ Father or Guardian Phone Number: _____

Mother or Guardian Name: _____ Mother or Guardian Phone Number: _____

Name of High School/College: _____ School Address: _____

Dates of Attendance: _____ Cumulative GPA: _____ GPA Scale: _____

SAT Score (if applicable): _____ ACT Score (if applicable): _____

Graduated? ☐ Yes ☐ No

If no, expected graduation date: _____

Are you currently attending a college/university?

☐ Yes ☐ No If yes, please name: _____

Name of college(s) to which you have applied for admission:

Have you been accepted?

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Intended Major: _____ or _____ Undecided

Intended Minor: _____ or _____ Undecided

Anticipated Graduation Date: _____



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Please list any honors or academic awards you have received:

Please list any extra-curricular activities (including scholastics, cultural, religious, athletic, or community) that you have participated in:

Please list any work experience (include present and previous employment):



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STATEMENT OF CERTIFICATION

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the Crossroads Scholarship application is complete, accurate, and true to the best of my knowledge. I hereby authorize My Community Credit Union (MCCU) to release the scholarship application information provided by me, as well as other official and unofficial My Community CU information regarding my academic and/or financial progress and status, to the Crossroads Scholarship Committee for the purpose of providing the committee with the information concerning my eligibility as a scholarship recipient. I also understand that furnishing false information may result in revocation of my Crossroads Scholarship. Further, I agree that if I am selected as a Crossroads Scholarship recipient, my name, photograph, and/or writing assignments may be used for publicity with no additional compensation from My Community Credit Union.

Signature of Applicant: _____

Date: _____

Print Name: _____

Submission Checklist

- ☐ Completed Application
- ☐ Copy of high school or college transcript with GPA (Unofficial)
- ☐ 2 Written letters of recommendation along with the MCCU Recommendation Form for each
- ☐ Completed essay
- ☐ Photo and short bio



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MY COMMUNITY CREDIT UNION
Scholarship Application Recommendation Form

One letter must be from a professional/scholastic reference, and one must be from a personal reference.

This form must be completed by each reference.

Recommendations cannot be from family members.

SECTION I – TO BE COMPLETED BY THE APPLICANT

Full Legal Name	Last Name (please print)	First Name	Middle Name	
Permanent Address	Number/Street	City	State	Zip

WAIVER

I request that this recommendation form be submitted for use by the Crossroads' Scholarship Committee of My Community Credit Union and/or its duly authorized volunteers.

- ☐ I **waive** my rights to have future access to this document.
- ☐ I **do not waive** my rights to have future access to this document.

Signature of Applicant: _____ Date: _____

SECTION II – TO BE COMPLETED BY THE EVALUATOR

This section should be completed by an adult who can attest to the applicant's character and academic potential.

The Crossroads Scholarship Committee of My Community Credit Union appreciates your assistance in sharing your opinions and observations of this applicant. ***Please complete both pages of this form and return it to the applicant in a sealed envelope (please sign on the seal of the envelope). Applications received without sealed recommendation forms will not be considered; do not send recommendation forms separately.*** Responses should involve the specific knowledge relevant to the applicant's potential to perform at a post-secondary educational level. The applicant has chosen you to make an honest, candid assessment of his/her abilities.

Federal law grants students access to education records. Therefore, unless the above "Waiver" is signed by the applicant, we cannot guarantee the confidentiality of your recommendation.

Evaluator Name	Last Name (please print)	First Name	Middle Name	
Mailing Address	Number/Street	City	State	Zip
Daytime Phone Number ()	Primary email address	Occupation/Position		

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How well do you know the applicant?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately	<input type="checkbox"/> Slightly		
My relationship to the applicant was/is in the following capacity:					
<input type="checkbox"/> Teacher	<input type="checkbox"/> Counselor	<input type="checkbox"/> Clergy	<input type="checkbox"/> Employer		
<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Other (specify):				
How would you rate the applicant for each of the following characteristics? Please check the appropriate box under the rating column which best describes the applicant.					
Characteristic judgment	Outstanding	Good	Fair	Poor	No basis for
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN RECOMMENDATION

Please express your opinions based on your contact with the applicant on a separate sheet of paper. You may share any information with would be relevant to his/her character, capabilities, and performance. Your time and effort in this endeavor is of value to the Crossroads Scholarship Committee in their consideration of the applicant.

RECOMMENDATION CONCERNING SCHOLARSHIP

- ☐ I highly recommend this applicant
- ☐ I recommend this applicant
- ☐ I recommend this applicant with some reservations
- ☐ I am not able to recommend this applicant

Signature of Evaluator: _____ Date: _____