



## 2019 Jack E. O'Connor Scholarship TIDEWATER CHAPTER OF CREDIT UNIONS

Deadline for submission: April 16<sup>th</sup>, 2019

This application should be submitted to: Geri Metzger  
c/o Beach Municipal Federal Credit Union  
4164 Virginia Beach Blvd.  
Virginia Beach, VA 23452

### I. General Information:\*

Your Credit Union \_\_\_\_\_ Your Acct # \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Street

Apt # \_\_\_\_\_ City \_\_\_\_\_ SSN (Last Four Digits) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

*[If not living with parent, give information of guardian.]*

Parent's Address \_\_\_\_\_

# of Brothers and Sisters living at home \_\_\_\_\_ Ages \_\_\_\_\_

Have you ever been or are you currently employed? \_\_\_\_\_

If so, where, and how many hours per week? \_\_\_\_\_

List your activities and club memberships in community, school, church, etc., including any offices held and/or work experience. *(Use a separate sheet if necessary.)*

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List any rewards or special honors that you have received. (Use a separate sheet if necessary.)

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\*The applicant must be a credit union member before the application is submitted. To be a member, you must have an account in your name and not be only a joint member on someone else's account. Do not submit this application if you are not a member of a credit union in the Tidewater Chapter of Credit Unions. Not all credit unions in Tidewater are members. If you are not sure if your credit union participates in this scholarship program, please contact them prior to filling out this application.

Only completed applications will be considered. A completed application includes:

- Transcripts
- 2018 Tax Return Form 1040\*\*
- Application form pages 1 through 3 filled out completely and signed

\*\*You must attach a copy of the parents'/guardians' most recent Tax Return Form 1040 from 2018 with this application. Applications submitted without this form will not be considered.

**II. Confidential Financial Statement:**

Father/Mother Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Gross Annual Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Total Income \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Total Family Gross Annual Income \$ \_\_\_\_\_

Do Parents: Own home \_\_\_\_\_ Rent \_\_\_\_\_ Buying \_\_\_\_\_

**III. College/University Information:**

Name and scholarship mailing address of college/university you are planning to attend:\*\*\*

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\*\*\*The scholarship will be made payable to you AND the college/university, as shown above, and presented at our May 23rd, 2019 Scholarship Night at the Greenbrier Country Club, Chesapeake, VA.

Estimated tuition cost (yearly) \$ \_\_\_\_\_  
Books, travel, incidentals \$ \_\_\_\_\_  
Room & Board (yearly) \$ \_\_\_\_\_  
Total estimated first year costs \$ \_\_\_\_\_  
Less financial aid from school, family and student (\$ \_\_\_\_\_)  
Total estimated financial need \$ \_\_\_\_\_

School Issued Student ID Number (if you have it) \_\_\_\_\_

**IV. Special Circumstances:**

Explain any special circumstances you feel the Board of Trustees should know in considering your need. *(Use a separate sheet if necessary.)*

**V. Transcripts:**

\_\_\_\_\_ School has my permission to release my son's/daughter's transcript so it may be attached to this application. I understand that this application must be complete, including transcript, before my son/daughter may be considered for a scholarship by Jack E. O'Connor Scholarship Board of Trustees.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

**VI. Certification:**

Parent/Guardian Certification:

To the best of my knowledge, the information reported is complete and correct. I understand \_\_\_\_\_ is applying for financial aid to help with the educational expenses of \_\_\_\_\_. I approve this application.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Applicant Certification:

I hereby acknowledge that the information submitted herewith is true and correct. I allow my Credit Union listed on Page 1 of this application to verify my eligibility for consideration of this scholarship.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**VII. In your own words, write a paragraph on why you feel you need this scholarship. *(Use a separate sheet if necessary.)***

**VIII. In your own words, write a paragraph on your future plans and career goals. *(Use a separate sheet if necessary.)***