

EDUCATORS APPRECIATION SCHOLARSHIP FOR TEACHERS

At Healthcare Plus Federal Credit Union, we feel it is important to promote financial literacy. The Educator Appreciation Scholarship for \$500 is to be used to increase financial literacy in the classroom. The scholarship funds will be split with \$250 awarded to a deserving applicant and \$250 awarded to his or her school system.

ELIGIBILITY:

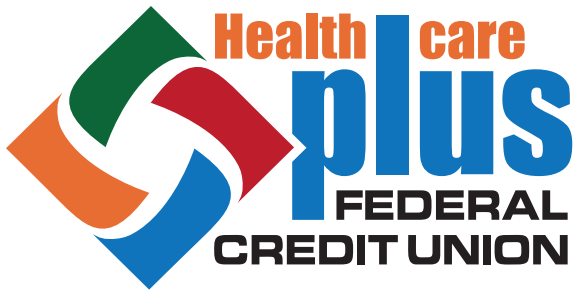
- The scholarship is available to educators that are currently employed at a public or private educational institution in Brown County and teaching full time during the 2018-2019 school year.
- Applicant must be current member of **Healthcare Plus Federal Credit Union**.
- Applicant must be the primary account holder in good standing.

REQUIREMENTS:

- Completed application
- Typed essay

SUBMISSION INSTRUCTIONS:

- Applicants must submit a completed application with all supporting documents/files attached by Thursday, March 1, 2018 (postmarked date). Late and/or incomplete submissions will not be considered.
- Please mail completed applications to:
Healthcare Plus Federal Credit Union
Attn: Scholarship Committee
PO Box 1857
Aberdeen, SD 57402-1857
- If emailing, please use your name (lastname_firstname) as the filename and email it to: amy@hcpfcu.coop. You will receive an email confirmation that your application was received within a week of submission. If applicants do not receive confirmation, it is the applicants responsibility to follow up.
- Questions about the Scholarship Program can be directed to Amy Griffith by calling (605) 725-0900, or emailing amy@hcpfcu.coop.



EDUCATORS APPRECIATION SCHOLARSHIP 2018 APPLICATION

Please complete the form below. Attach additional documents/files as necessary. Only completed applications will be considered.

PERSONAL INFORMATION

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Healthcare Plus FCU Acct # _____

List school related activities and honors _____

List community related activities and honors _____

SCHOLASTIC INFORMATION

I teach at _____

School Address _____ City _____ State _____ Zip _____

School Principal/President _____ Phone: _____

Area or field of study _____

QUESTIONS?

Please use additional sheet to answer the following: *(125 words or less)*

- Why do feel you are deserving of this scholarship?
- Why is Healthcare Plus Federal Credit Union important to my school and my community?

The Educator Appreciation Scholarship for \$500 is to be used to increase financial literacy in the classroom. \$250 will be awarded to the educator and \$250 will be award to his or her school. I certify that the information contained in this application is true and that during the 2017-2018 school year I will be teaching full time at an accredited school in Brown County. I authorize Healthcare Plus Federal Credit Union to use my name and any information submitted for this scholarship for credit union publications and promotion.

Signature _____ Date _____

All entries become the property of Healthcare Plus Federal Credit Union. Essays may be published.