

TRUSTAR FEDERAL CREDIT UNION

2024 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

NAME: FIRST _____ MIDDLE INITIAL _____ LAST _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____ PHONE (____) _____ - _____

E-MAIL _____

MEMBER OF TRUSTAR FEDERAL CREDIT UNION YES NO

ACADEMIC INFORMATION

HIGH SCHOOL _____

CITY _____

HIGH SCHOOL CLASS RANKING _____ CUMULATIVE GPA _____

*PLEASE PROVIDE UNOFFICIAL TRANSCRIPT

INSTITUTION PLANNING TO ATTEND FALL 2024

*PLEASE INCLUDE ACCEPTANCE LETTER OR LETTER OF INTENT

TWO-YEAR COMMUNITY COLLEGE / TECHNICAL SCHOOL

FOUR-YEAR COLLEGE / UNIVERSITY

INSTITUTION NAME _____

CAMPUS _____ CITY & STATE _____

EXPECTED MAJOR _____ CAREER GOAL _____

PLEASE RETURN TO YOUR GUIDANCE OFFICE, LOCAL CREDIT UNION, OR MAIL APPLICATION AND ESSAY TO:

TruStar Federal Credit Union
601 Fourth Street
International Falls, MN 56649
Attn: Jeanie Tilander

ALL MATERIALS ARE DUE APRIL 14, 2024

CERTIFICATION AND AUTHORIZATION

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO FULLY COMPLETE APPLICATION MAY DISQUALIFY ME FROM CONSIDERATION. I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS AS SPECIFIED IN THIS APPLICATION. I UNDERSTAND THAT APPLICATION MATERIALS BECOME THE PROPERTY OF TSFCU AND CANNOT BE RETURNED. I HEREBY AUTHORIZE TRUSTAR TO USE INFORMATION ABOUT MY APPLICATION AND MY LIKENESS FOR PUBLIC RELATIONS PURPOSES OR PUBLICITY.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER THE AGE OF 18) _____