2020 Margaret Cook Scholarship Application

QUALIFICATIONS

- MCU member in good standing
- Graduating high school senior enrolling into an accredited higher education program, including college, trade school or medical certifications
- Minimum of a 3.0 grade point average (GPA)
- Community and/or school involvement

- American citizen
- Applications must be submitted by May 15, 2020 (applications will not be returned)
- Credit Union employees, Board of Directors and previous winners are not eligible

APPLICATION

- Fill out the application and submit the following supporting documents:
  - An official copy of your school transcript including your GPA and ACT or SAT scores
  - A letter of recommendation from someone other than a parent/guardian who has experience working with you either through a school activity, job, or community involvement
  - A copy of the program, certification or degree plan of the school you will be attending
  - A one-page essay that answers the essay question found on the following application

- Applications and supporting documents must be postmarked or turned in by Friday, May 15, 2020
- Drop off your application in a sealed envelope or mail to:
  Memorial Credit Union
  Attn: Scholarship Committee
  7789 SW Freeway, Suite 175
  Houston, TX 77074
- When your application is received, we will email you a confirmation of receipt within 7 business days

YOUR APPLICATION WILL NOT BE CONSIDERED IF IT IS:

- Late. Application and supporting documents must be turned in or postmarked by Friday, April 17th
- Incomplete. Applications must be completely filled out and sent with ALL supporting documents; incomplete applications will be filed with no action taken and no notification to the applicant
- Unqualified. Applicants must meet ALL of the qualifications listed above

IMPORTANT DATES

- Application/postmark deadline: Friday, May 15, 2020
- Winners will be notified: Early May

QUESTIONS?

Please contact Tricia Macaulay at tmacaulay@memorialcu.org or 713.778.6361
Full Name __________________________________________________ Account # ____________________________
Address _______________________________________________________________________________________
City _____________________________________ State _______________________ Zip ___________________
Email Address ___________________________ Phone Number _______________________________
Current School __________________________ District ________________________________
School Address __________________________________________________________________________________
City _____________________________________ State _______________________ Zip ___________________
School Phone Number _______________________________________________________________
GPA ______________________ SAT Score ______________________ ACT Score ______________________
Name of the College or School you Plan to Attend in the Fall _____________________________________________
Proposed Field of Study ________________________________________________________________

While scholarships are not awarded solely based on financial need, it is a factor that the scholarship committee will consider. Are you receiving financial assistance for education expenses from any other source?
☐ Yes   ☐ No (check one)
If yes, please list sources: _____________________________________________________________________________

Please state your planned career goals. ________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Please state any school and/or community activities in which you participate. These may be, but are not limited to, church, volunteering, school activities or other experiences. List the amount of time you’ve participated in the activity and any honors you may have received.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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HIGH SCHOOL SENIORS

Please list any employment experience you have, beginning with your most current position:

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<th>Employer</th>
<th>Dates Employed</th>
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This scholarship is named after Margaret Cook who worked for the Memorial Hermann System for over 40 years and served on the Board of Directors at Memorial Credit Union for many years. Margaret was extremely dedicated to serving others. Every day. With that in mind, please include a one page essay answering the following question:

How will your education and proposed career help you serve others?

I certify that all information provided on this application and all supporting documents are accurate and complete. I understand that any misleading or false information will result in my application being disqualified. If selected as a scholarship winner, I give full consent for the use of my name and photograph to be used for promotional and publicity purposes. I understand that the decision of Memorial Credit Union’s Scholarship Committee is final.

Applicant Signature ___________________________ Date ____________________

Memorial CREDIT UNION

growing your financial health

Scholarships will be awarded without regard to race, color, creed, gender or physical disability. Credit Union employees, Board of Directors and previous winners are not eligible. Applications must be in a sealed envelope and turned in or postmarked by May 15, 2020.