



513 Commercial Street
Atchison, KS 66002

THE JOSEPH M. CARRIGAN MEMORIAL SCHOLARSHIP APPLICANT INFORMATION SHEET 2017

1. What scholarship opportunities are available?

The JOSEPH M. CARRIGAN MEMORIAL HIGH SCHOOL SCHOLARSHIP in the amount of \$1000.00 is awarded to a minimum of one qualified applicant.

2. Who is eligible to apply?

- The applicant must be a member or dependent of a member of the River Cities Community Union.
- The applicant must be a high school graduate of a Senior High in the year the scholarship is awarded.
- The applicant must have a cumulative grade point average of at least 2.8 or 3.2 GPA since the beginning of the junior year to the present.
- The applicant must be accepted by an institution of higher education or expect to be accepted.

3. Important information concerning your application:

- One letter of recommendation from a faculty member (past or present) is required.
- All information on the application forms will be treated in a confidential manner.
- Your scholarship application packet needs to have all of the following items before it is complete:
 - i. Completed application pages 1-4
 - ii. Copy of transcript
 - iii. Letter of recommendation
- To be considered by the selection committee, the applicant must have all materials (including the letter of recommendation) in **one** envelope addressed to River Cities Community Credit Union, Attn: Scholarship Committee, 513 Commercial Street, Atchison, KS 66002.
- Your completed application packet must be received by the Credit Union **no later than February 15th** of the year the scholarship is being awarded.
- **Application packets will not be considered by the Selection Committee if:**
 - The application packet is incomplete in any way.
 - The application packet is received after the deadline.
 - The application material is returned in more than one envelope.

4. If you are a recipient:
- The Scholarship money will be sent directly to the business office of your institution of higher learning upon receipt of proof of enrollment.
 - You must agree to attend the annual Joseph M. Carrigan Golf Tournament to be recognized by the golf participants.

APPLICATION

THE JOSEPH M. CARRIGAN MEMORIAL SCHOLARSHIP FOR HIGH SCHOOL SENIORS

Applicant's Name: Last First MI

Applicant's Address Applicant's Phone:

High School currently attending

Father's Name Mother's Name

Number of brothers and sisters Number in college

Parent's Address Street City State Zip

CONSENT FORM

I give my permission for _____ to attach a copy of my high school
(Guidance Counselor)
transcript to the application form.

Applicant's Signature

Parent's Signature & Date

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In chronological order, list all schools (grades 9-12) which you have attended.

List the colleges, universities or technical schools to which you have applied:

List those activities in which you have been actively engaged during your high school years (art, athletics, band, church activities, clubs, community activities, community service, debate, dramatics, school newspaper, Scouting, student government, yearbook, etc.)

Activity	Grade	Office/Award

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List any honors that you have received not already mentioned.

List all volunteer work.

List all past job experience, including self-employment.

Job and Employer	Dates	Hours per week

Please list hobbies or interests not already mentioned.

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ESSAY

Please describe your association with River Cities Community Credit Union as a member or dependent of a member. Detail how the Credit Union has been of service to you or your family. Explain how you feel Credit Unions are different from other Financial Institutions and how they practice the “People Helping People” philosophy.

River Cities Community Credit Union
513 Commercial Street
Atchison, KS 66002

THE JOSEPH M. CARRIGAN MEMORIAL SCHOLARSHIP

HIGH SCHOOL SENIOR SCHOLARSHIP

**LETTER OF RECOMMENDATION
FROM A FACULTY MEMBER (PAST OR PRESENT)**

Applicant's Name: _____

Recommendation written by: (please print) _____

Signed: _____ Date Signed: _____
Signature

Please consider the applicant's ability to complete his or her planned program of study by evaluating the following areas: intellectual promise, motivation, leadership, integrity, responsibility and ability to get along with others. Please limit your comments to the front and back of this sheet or attach one page document.

THE JOSEPH M. CARRIGAN MEMORIAL SCHOLARSHIP

HIGH SCHOOL SENIOR SCHOLARSHIP

HIGH SCHOOL GUIDANCE COUNSELOR'S REPORT

Please attach a transcript of all academic work from the ninth grade to the present.

Student's Name: _____

High School: _____

Address: _____

GPA: _____ Class Standing: _____

ACT: _____ SAT (combined) _____

Counselor's Name: _____

Signed: _____ Dated: _____
Counselor's Signature

Telephone Number: _____