



ALPS FEDERAL CREDIT UNION
401 HALIBUT POINT ROAD
SITKA, AK 99835
(907) 747-6261
www.alpsfcu.org
scholarship@alpsfcu.org

SCHOLARSHIP APPLICATION FORM

Applicant Information

First Name: _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Home _____ Cell _____ Work _____ Other _____

ALPS FCU Member Number: _____ DOB: _____ Gender: _____

Education Information

Name of College or Trade School: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Fax Number: _____

Major Field of Study or Degree Program: _____

Term Start Dates: _____ Fall _____ Winter _____ Spring _____ Summer _____ Annual _____

Status Next Term: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Other: _____

Expected Graduation Date: _____

Schools Previously Attended:	Dates Attended:	Diploma or Degree Earned (if any):
_____	_____	_____
_____	_____	_____



ALPS FEDERAL CREDIT UNION
401 HALIBUT POINT ROAD
SITKA, AK 99835
(907) 747-6261
www.alpsfcu.org
scholarship@alpsfcu.org

List any school or community activities or honors:

Applicant Statement

The information provided in my application is, to the best of my knowledge, complete and accurate. I grant permission to (College or School Name) _____ to release to ALPS Federal Credit Union any information necessary to process my scholarship funds if awarded.

Applicant's Signature _____
Date

Application Submission

1. Submit completed application with a one-page typed statement telling why you are applying for the scholarship, your qualifications, and your educational and career goals. The statement should be limited to 500 words or less.
2. If this is your first time applying for the scholarship, please provide the scholarship committee with two Letters of Recommendation. These may be mailed or emailed directly from the individual(s) or submitted with your application. At least one of these individuals should be a current teacher or school official. Be certain to remind your references to send these forms by the application deadline.
3. Include or have your school registrar forward a certified transcript.

APPLICATION DEADLINE IS 5:30 PM MONDAY, APRIL 25TH.



ALPS FEDERAL CREDIT UNION
401 HALIBUT POINT ROAD
SITKA, AK 99835
(907) 747-6261
www.alpsfcu.org
scholarship@alpsfcu.org

LETTER OF RECOMMENDATION FORM

Thank you for submitting a letter of recommendation on behalf of the scholarship applicant. Your evaluation is an important element in the application, and helps the review committee understand the applicant. Please make a statement describing the applicant’s character, school and community involvement as well as evidence of the student’s strengths and weaknesses, not to exceed one page in length. You may use this form or in your own letter of recommendation. The submission deadline is Monday, April 25th by 5:30pm.

Letters of recommendation may be submitted as an email attachment to: scholarship@alpsfcu.org or delivered/mailed to:

ALPS Federal Credit Union
Attention: Scholarship Application
401 Halibut Point Road
Sitka, AK 99835

Applicant Name:			
Evaluator Name:			
Relationship to Applicant:			
Daytime Contact No:			
E-mail Address:			
Evaluator Signature:		Date:	