



Travis Credit Union Community Impact Scholarship Application

Please Initial Here

I understand that I (student) must have a Travis Credit Union account in my name and I must be the member/owner of the account prior to accepting a scholarship.

APPLICATION DATES AND DEADLINES

Application opens for registration: **October 2, 2023** 12:00 AM (PT)

Application submission deadline: **April 1, 2024** 11:59 PM (PT)

Winners will be notified by mail on or before: **May 31, 2024** 7:00 PM (PT)

SUBMISSION GUIDELINES

Where to mail your application: Travis Credit Union, Attn. Community Relations, P.O. Box 2069, Vacaville, CA 95696-2069

Where to personally deliver your application: Any branch of Travis Credit Union

Submit online: www.traviscu.org/scholarships

PERSONAL STATEMENT ESSAY

Applicants must provide a response (500 words or less) answering the following question:

1. Travis Credit Union's community impact aligns with the philosophy of "people helping people": Please explain one way that you plan to impact your community in the future and why you believe this is important?

CONTACT INFORMATION

Applicant's name (First, Last): _____ Applicant's TCU account number: _____

Applicant's address: _____ City: _____ State: _____ Zip Code: _____

Applicant's cell phone: _____ Applicant's email: _____

Parent /guardian's name: _____ Parent's/guardian's cell phone: _____

Parent /guardian's address (if different from applicants): _____

Parent/Guardian e-mail: _____

SCHOOL INFORMATION

High School (Currently Attending): _____ Intended graduation date: _____

Address (Street, City, State, and Zip Code): _____

Intended College or University name: _____ Intended major: _____

Address (Street, City, State, and Zip Code): _____



LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

Please list and briefly describe your leadership roles, awards, employer, team or club, and extracurricular activities, starting with the most recent, e.g. student government, swim team, math club.

Date	Honors, Awards, Employment

FINANCIAL NEED CONSIDERATION

Please rate your financial need on a scale of one to ten:

Meaning: **(1)** Lower financial need **(10)** Greater financial need

(Please select one):

OFFICIAL SCHOOL TRANSCRIPT

Please attach your official school transcript



CERTIFICATION

If I am selected as a scholarship winner, I hereby give Travis Credit Union and the Travis Credit Union Community Wellness Fund, their legal representatives, and those acting in their authority: a) the unrestricted right and permission to copyright and use, re-use, publish and republish photographic portraits or pictures of me in which I may be included intact or in part, in any and all forms of media, used for any purpose including illustration, art, scholarship promotion, and advertising, and b) the unrestricted right and permission to copyright and use, re-use, publish and re-publish in parts or in its totality any comment or testimonial given by me. c) I hereby relinquish any right to examine or approve the completed product that may be used in conjunction therewith or the use to which it may be applied. d) I agree that I am not entitled to any compensation and will make no monetary or other claims against Travis Credit Union and the Travis Credit Union Foundation for the use of any photographs, comments, or testimonials. e) I hereby release, discharge, and agree to hold harmless Travis Credit Union and the Travis Credit Union Community Wellness Fund, their legal representatives, and those acting in their authority from any liability by virtue of any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in the taking of said photographs or reposting of comments or testimonials or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the information required in section-1 above. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing, and financial need to Travis Credit Union for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in the termination of the TCU Community Impact Scholarship.

STUDENT SIGNATURE

DATE

If my child is selected as a scholarship winner, I hereby give Travis Credit Union and the Travis Credit Union Community Wellness Fund, their legal representatives, and those acting in their authority: a) the unrestricted right and permission to copyright and use, re-use, publish and republish photographic portraits or pictures of me in which I may be included intact or in part, in any and all forms of media, used for any purpose including illustration, art, scholarship promotion, and advertising, and b) the unrestricted right and permission to copyright and use, re-use, publish and re-publish in parts or in its totality any comment or testimonial given by me. c) I hereby relinquish any right to examine or approve the completed product that may be used in conjunction therewith or the use to which it may be applied. d) I agree that I am not entitled to any compensation and will make no monetary or other claims against Travis Credit Union and the Travis Credit Union Foundation for the use of any photographs, comments, or testimonials. e) I hereby release, discharge, and agree to hold harmless Travis Credit Union and the Travis Credit Union Community Wellness Fund, their legal representatives, and those acting in their authority from any liability by virtue of any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in the taking of said photographs or reposting of comments or testimonials or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. My student has completed the scholarship application and has attached the information required in section 1 above. I grant permission to the school of higher education my student attends to release information concerning my enrollment status, academic standing, and financial need to Travis Credit Union for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in the termination of the TCU Community Impact Scholarship.

PARENT OR GUARDIAN SIGNATURE

DATE

Travis Credit Union respects the privacy of all Travis Credit Union Community Impact Scholarship applicants. Applications and supporting documentation will be maintained in a secure manner and only shared internally with the Scholarship Committee and scholarship application judges. Applications and supporting documentation will not be returned and will become the property of Travis Credit Union and will be retained confidentially by Travis Credit Union in accordance with applicable record retention guidelines.

*Travis Credit Union employees, volunteers and their immediate family members are not eligible for the Travis Credit Union Community Impact Scholarship. Immediate family members include spouse, registered domestic partner, child, child of a registered domestic partner, sibling, grandparent, grandchild, and current mother-in-law, current father-in-law, current daughter-in-law, current son-in-law, current stepparent or current stepchild.