# Illinois Quad City Chapter of Credit Unions Scholarship Program



The Illinois Quad Cities Chapter of Credit Unions has always believed in helping our members. Created in 1994, the IQCCCU awards \$2,000 annually to our members wishing to further their education. We believe strongly in giving back to our members and the communities we serve.

#### Illinois Quad City Chapter

The Illinois Quad City Chapter of Credit Unions will award two \$1,000 Scholarships for the 2025-2026 school year. The IQCCCU will honor those members demonstrate academic who excellence. exhibit outstanding contributions to their and school, community and are credit union members.

Filing deadline for the ILQCCCU Scholarship is February 15, 2025. *Best of luck to you!* 

#### How To Apply

- 1. Submit this completed application filling in all requested information.
- Mail the application, high school transcript, and three letters of recommendation by February 15, 2025, to your credit union:

#### Illinois Chapter of Credit Unions Scholarship Committee

Credit Union Address City/State/Zip

Please make certain to answer all information. If necessary, you may photocopy this application and attach any additional pages needed to complete your application.

#### Who Is Eligible?

You are eligible to apply if you are a primary member of an IQCC Credit Union with your own account. If you are not a member, you may join to become eligible to apply. Your accounts (checking, ATM, savings, etc.) must be in good standing with no delinquent or charge off loans.

Also, you must be a graduating high school senior or current college student who will enroll in an undergraduate course of study during the 2025-2026 school year at an accredited two year or four year college, university, or vocational-technical school.

Scholarship recipients are eligible to re-apply for three subsequent years. Applications must be completed each year and submitted to the scholarship committee.

#### How Are Recipients Selected?

The IQCCCU scholarships are awarded to members who demonstrate academic excellence, citizenship, community and school involvement, and are credit union members. Only complete applications will be considered. The application and all requested information must be received by **February 15, 2025 to your credit union.** 

#### How Much Are The Awards?

The Illinois Quad City Chapter of Credit Unions will award two \$1,000 scholarships. Awards are distributed through the schools financial aid office. Distribution will be one half at the beginning of the school year and one half at the beginning of the second semester. Scholarship funds may be applied to any portion of the school's

**Questions?** 

## Illinois Quad City Chapter of Credit Unions Scholarship Program

Account Number	e print or type completing all requested information. On _Social Security #		Birth date		
Last	First		Middle Initial		
Street Address	Email Address				
City	StateZip		Home Phone		
Parent/Guardian					
Account Number	Social Security #		Birth date		
Last	FirstMiddle Initial		tial		
Street Address				_	
City	StateHome Phone		ne		
Number of other dependent children (e	excluding yourself):				
Number of other family members curre					
Education Information					
High School	Graduation Date	GPA_	Cla	ass Rank/	
Name of accredited post-secondary sch	nool you are or will attend	d:			
CityState	Antici	pated Annual C	ost		
2 Year Community/Junior College	4 Year College/University Vocational/Technical School				
Activities Information List all activities (school and community ou may attach a separate sheet if necessity)	• •	participated lis	ting any awar	rds or honors received	
Name & Description of Activity	Awards/Honors Recei	ived Years P	Participated	Faculty Advisor	

### **Employment Information:**

Signature of Applicant

List all jobs you have held including a supervisor who can verify your employment. Briefly, describe your responsibilities and hours worked per week. You may attach a separate sheet if necessary.

	Supervisor	Responsibilities	<b>Employment Dates</b>	Hours/Per Wee
The state of the s	cent calendar year: 0,000 - \$30,000 0,000 - \$70,000	\$30,000 - \$40,0 \$70,000 - \$80,0	-	0 - \$50,000
Sources of Funds Ava	ilable For College	Expenses:		
Grants \$	Financial Ai	d from School \$	Student Loans \$	
B) If you were to plan a finance ou feel them worthwhile sub-Recommendations	, i	, «p		
eacher or counselor at your s	school. The form attach	ned to the back of this	application may be cop	pied and given to
eacher or counselor at your shose writing a reference on y	school. The form attach our behalf. Please list y	ned to the back of this your three references a	application may be cop	oied and given to tionship to you.
eacher or counselor at your shose writing a reference on y	school. The form attack our behalf. Please list y	ned to the back of this your three references a  Occupation/Relation	application may be cop nd their occupation/relat	pied and given to tionship to you.
Your application must includ teacher or counselor at your sthose writing a reference on y  1)  2)  3)	school. The form attach our behalf. Please list y	ned to the back of this your three references aOccupation/Relation_Occupation/Relation_Occupation/Relation	application may be copnd their occupation/relationshiponship	pied and given to tionship to you.
teacher or counselor at your sthose writing a reference on y  1)  2)	This application becomes  Number A	ned to the back of this your three references aOccupation/RelatiOccupation/RelatiOccupation/RelatiOccupation/RelatiOccupation/Relati_complete only after you pplication Form  Letters of Recommend	application may be cop nd their occupation/relat onship onship onship thave submitted: Essay	pied and given to tionship to you.

Date



## Illinois Quad City Chapter of Credit Unions Scholarship Program

You have been asked to submit a letter of reference on behalf of this applicant for the Illinois Quad Cities Chapter of Credit Union Scholarship program. Please use this form as a guide when writing your letter of reference or you may simply answer these questions. The letter of recommendation must be returned or postmarked by **February 15, 2025**. Mail to: **Your own Credit Union at address below.** 

Credit Union Name: Address: City, State, Zip

#### Illinois Chapter of Credit Unions Scholarship Committee

Name of Scholarship Applicant:					
How do you know Applicant?					
Comment on the Applicant's personal chara	cter:				
Comment on the Applicant's scholastic perf	Cormance:				
What characteristics do you consider his/her	r greatest attribute	s?			
How would you rate the Applicant's potential for future personal achievement? Why?					
Any additional comments:					
Prepared by:		_Occupation			
Signature	Date	Daytime Phone			