



McCoy-Porter Scholarship
and
Joe M. Carrigan Memorial Scholarship

APPLICATION REQUIREMENTS

Filing Deadline: February 28, 2021

1. Applicant must be a graduating high school senior.
2. Applicant must be the primary member of Frontier Community Credit Union (Having a primary savings account in their name). Employees, officers, directors, volunteers or immediate family members and household members of such individuals are not eligible to participate. Immediate family members include, mother/father (or in-law), brother/sister (or in-law), son/daughter (or in-law), stepchild or stepparent, grandparent or grandchild.
3. Applicant must complete application. Please type or print clearly.
4. The following documents must be attached to the application:

A biographical statement to include:

- Educational background
- Extracurricular activities
- Past accomplishments
- Goals
- Work experience

Other information you believe to be pertinent to this application, which must at least include:

- Two (2) character reference letters. Acceptable letters can be from teachers, employers, coaches, civic or church group leaders, but not from family members.
 - Official transcript of courses completed through **January 2021**.
Transcript must include current cumulative GPA. Convert GPA to a 4.0 scale, if necessary.
5. Your completed application, including all attachments must be received no later than **February 28, 2021**.
 - Applicants are notified of application status once a decision has been made.
 - Recipient will be acknowledged at the Frontier Community Credit Union Annual Meeting.

Application package should be sent to:

Frontier Community Credit Union
ATTN: Scholarship Committee
690 Eisenhower Rd.
Leavenworth, KS 66048

For additional information, please contact Nadia Padilla or Letha Higgins at 913.651.6575.



McCoy-Porter Scholarship
APPLICATION

SECTION A -- PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Parent/Guardian Name(s): _____

Permanent Address: _____
Street City State/Zip Code

Telephone Numbers: _____
Daytime Evening

Email Address: _____

Frontier Community Credit Union PRIMARY Member Number: _____

SECTION B -- SCHOOL INFORMATION

School you are currently attending:

Name: _____

Address: _____
Street City State/Zip Code



SECTION B -- SCHOOL INFORMATION (continued)

School where you will attend college for the Fall Semester, 2021:

Name: _____

Address: _____
Street City State/Zip Code

Your enrollment status for the Fall Semester (please check one): Full-time Part-time

Your year group for the Fall Semester:

Freshman Sophomore Junior Other

I attest that all information is complete and accurate.

Applicant Signature

Date

COMMITTEE USE ONLY BELOW THIS LINE

This application has been reviewed for eligibility requirements by:

Date received: