

2023 Leigh Ann Graham Scholarship TIDEWATER CHAPTER OF CREDIT UNIONS

Deadline for submission: April 19th, 2023

This application should be submitted to: Geri Metzger

I. General Information:*

c/o Beach Municipal Federal Credit Union

4164 Virginia Beach Blvd. Virginia Beach, VA 23452

Your Credit Union ______ Years of Membership_____ High School ____ Name Last First Middle Address ____)_____ Your Phone (Street SSN (Last Four Digits)_____ City Apt # Email State Parent's Name __ [If not living with parent, give information of guardian.] Parent's Address _____ # of Brothers and Sisters living at home _____ Ages ____ Have you ever been or are you currently employed? ______ If so, where, and how many hours per week? _____ List your activities and club memberships in community, school, church, etc., including any offices held and/or work experience. (Use a separate sheet if necessary.)

List any awards or special honors that you have received. (Use a separate sheet if necessary.)			
member, you must have an account else's account. Do not submit this a Tidewater Chapter of Credit Unions	in your name an pplication if you . Not all credit u your credit unio	ore the application is submitted. To be a nd not be only a joint member on someone a are not a member of a credit union in the unions in the Tidewater/Hampton Roads a on participates in this scholarship program tion.	e rea
Only completed applications that are completed application includes: • Transcripts • 2022 Tax Return Form 1040** • Application form pages 1 through		y April 19 th , 2023 will be considered. A completely and signed	
**You must attach a copy of the parapplication. Applications submitted		' Tax Return Form 1040 from 2022 with the rm will not be considered.	is
II. Confidential Financial Statemen Father/Mother Occupation Name of Employer Position	t:		
Gross Annual Salary	\$	<u> </u>	
Other Income	\$	\$ \$ \$	
Total Income	\$	\$	
Total Family Gross Annual Income	\$		
Do Parents: Own home	Rent	Buying	
III. College/University Information: Name and scholarship mailing address of college/university you are planning to attend:***			
		the college/university, as shown above, a at the Greenbrier Country Club, Chesapeal	
Estimated tuition cost (yearly) Books, travel, incidentals Room & Board (yearly) Total estimated first year costs Less financial aid from school, famil Total estimated financial need	y and student	\$ \$ \$ (\$)	
School Issued Student ID Number (if	you have it)		

IV. Special Circumstances:

Explain any special circumstances you feel the Board of Trustees should know in considering your need. (*Use a separate sheet if necessary*.)

V. Transcripts:	School has my permission to release my son's/daughter's	
	application. I understand that this application must be my son/daughter may be considered for a scholarship by	
Applicant Signature	Parent/Guardian Signature	
	mation reported is complete and correct. I understand is applying for financial aid to help with the	
educational expenses of	. I approve this application.	
Parent/Guardian	Date	
Parent/Guardian	Date	
	tion submitted herewith is true and correct. I allow my plication to verify my eligibility for consideration of this	
Applicant	Date	
VII. In your own words, describe an ac separate sheet if necessary.)	ccomplishment that you are most proud of. (Use a	
VIII. In your own words, write a paragr separate sheet if necessary.)	raph on your future plans and career goals. (<i>Use a</i>	