

EPB EMPLOYEES
CREDIT UNION



Please provide the following requested information:

Name (First, Middle, Last): _____

Address (Street, City, State, ZIP): _____

Phone: _____

Email: _____

High School Name: _____

High School Address (Street, City, State, ZIP):

College/University/Technology School Information:

School Name: _____

School Address (Street, City, State, ZIP):

I understand that this application must be accompanied by a senior year grade transcript with GPA, a list of community and/or school activities, a letter of recommendation from a teacher or community leader, and an essay. Also, I certify that I understand the Rules and Requirements for the scholarship and that the information submitted is true to the best of my knowledge. I acknowledge that all submitted scholarship application information becomes the sole property of EPB Employees Credit Union and that none of the information will be returned to the applicant. Further, I give permission to EPB Employees Credit Union to use my name and photograph for promotional and publicity purposes.

Signature: _____ Date: _____

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The logo for EPB Credit Union, featuring a stylized 'E' and 'U' intertwined in a square shape, with a small gold dot in the center. It is flanked by two horizontal lines.

The judging committee will be members of the Tennessee Credit Union League. All decisions are final. Submission deadline is Monday, April 15, 2024 by 4:00 PM. Applicants who do not meet all requirements or who do not submit all requested information as of the deadline will be eliminated.