

SCHOLARSHIP PROGRAM APPLICATION

San Mateo City Employees Federal Credit Union

APPLICATION DEADLINE: 5:00 p.m. Friday, July 31, 2026

Applicant's Membership/Account Number: _____

- If member less than one year, please complete the following:

Member since: Month _____ Year _____

Personal Data

1. Name _____
Last
First
Middle

2. Address _____

3. City _____ Zip _____ Home phone: _____
 Work phone: _____ Email address: _____

4. Date of Birth _____ Age _____

5. Marital Status: _____

6. High School(s) attended:

Name	City and State	Dates Attended

Graduated? Yes No

GED? Yes No

7. Post-high school education: (list all educational institutions, any degrees or certificates earned and the date of attendance at each) _____

8. I have attached a transcript of the last school year I attended indicating I received a GPA of 2.5 or better for that year: Yes No

9. If my answer to the previous question is NO, I represent that the institution I attended for the last prior school year does not have a GPA compatible grading system and that I have attached ALL of the following: (1) proof of attendance, (2) a staff letter of recommendation, and (3) an explanation as to why I would be awarded a scholarship. Yes N/A

10. If awarded a scholarship, I intend to apply those funds towards educational expenses at the following school or institution: (provide name, address and phone number of institution)

11. Describe intended course of studies, including any degrees or certificates sought:

12. Indicate the number of quarters, semesters, or years to complete your course of studies or until you graduate. _____

13. Indicate what degree or certificate you will receive when you have completed your course of studies. _____

14. I have attached a short statement of approximately one page describing my need for a scholarship and on what educational expenses it will be spent. Yes

15. Identify all other funds you will or may be devoting to educational goals during the time period of attendance: (loans, other scholarships, grants, savings, money from parents, etc.)

I acknowledge and understand that the determination of whether I receive an award under this scholarship program and the amount of any such award is completely within the discretion of the Board of Directors of the San Mateo City Employees Federal Credit Union, who may terminate this program or any particular award at any time without notice. I further acknowledge that I understand that the Board's decision on all scholarship matters is final and not subject to appeal or review.

Signature of Applicant

Date: _____

Return this application to:

San Mateo City Employees Federal Credit Union
330 W. 20th Ave
San Mateo, CA 94403