

The K. C. Sinclair Scholarship Application

**Complete all items, attach additional pages as required.
(Please read and follow instruction sheet)**

1. Applicant Information:

Name _____

Name of Parent/Guardian _____

Applicant's Address _____

City _____ State _____ Zip _____ Phone (____) _____

2. Carolina Cooperative Federal Credit Union Member Information:

Member Name _____

Employer Name and Work Location _____

Carolina Cooperative Federal Credit Union Account Number _____

Relationship to Applicant _____

Address _____

City _____ State _____ ZIP _____ Phone (____) _____

3. School Information:

Name of Current High School _____

Address _____

City _____ State _____ Zip _____

Name of Previous High School (if applicable) _____

Address _____

City _____ State _____ Zip _____

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4. College, University or Community College you plan to attend:

Name _____

Address _____

City _____ State _____ Zip _____

5. List, **on a separate sheet of paper**, community activities, positions held in school organizations, and any other activities or offices held that might be indicative of your leadership ability.

6. On a **separate sheet of paper**, provide a statement **handwritten** by the applicant describing future goals and aspirations.

7. **Attach:** An official school transcript - A transcript is official only if received in a SEALED school envelope, with a school official's signature and with a school seal. Any application that is received by the Scholarship Committee with an opened transcript will not be considered.

I grant permission to the K.C. Sinclair Scholarship Committee to verify all information submitted on, or in support of this application. I understand and meet all eligibility requirements. I understand that the decision of the K.C. Sinclair Scholarship Committee and the Carolina Cooperative Federal Credit Union Board of Directors is final.

Student Signature _____

Parent/Guardian Signature _____