

BERNARD F. SMITH MEMORIAL SCHOLARSHIP APPLICATION FORM
Sponsored by the Northeastern CT Health Care Credit Union, Inc.

Date _____

Name _____ Phone _____

Address _____

Date of NCHCCU Membership _____ e-mail Address _____

Employer _____

Duration of Employment _____ Job Title _____

Education	name	address	dates attended	degree
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High school _____

College/university _____

Other schools/courses _____

Amount of scholarship aid requested _____

Course description (location, dates, subjects, etc.) Please attach any relevant literature if available.

Have you been or do you expect to be awarded other scholarship, tuition reimbursement or additional financial aid? (if yes, please state source and amount)

You are encouraged to use the reverse side of this form to indicate specifically what benefits you expect to derive from this course (or courses) and to include any other information that you believe will aid this committee in making its decision.

Completed application form and one recommendation should be mailed to Chairperson, listed below. This Committee meets in March. The application form needs to arrive by the 1st of March to be considered for this year awards.

