

BERNARD F. SMITH MEMORIAL SCHOLARSHIP APPLICATION FORM

Sponsored by the Northeastern CT Health Care Credit Union

Healthcare or Finance Scholarship

(Please refer to The Criteria for Eligibility before completing this form.)

Name _____ Today's Date _____

Address _____

Date your NCHCCU Membership began, (You must be a member for at least one year prior to application): _____

Telephone _____ E-mail Address _____

Employer _____

Duration of Employment _____ Job Title _____

Education	School Name	Location	Dates Attended/Graduated	Degree
High School				
College/University				
Other School/Courses				

Amount of scholarship aid requested _____ Anticipated date of completion _____

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

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 submit an additional letter 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.

Applicant Checklist

- ☐ **Completed Application**
- ☐ **Letter of Recommendation**
- ☐ **Course Description Literature**
- ☐ **Letter of Explanation**
- ☐ **Application sent by March 1st to:**
Chairperson Norine Nichols, 316 Church St. Brooklyn, CT 06234

Please note:

This application form needs to arrive by the 1st of March to be considered.

Any applications received after this date will be eliminated for consideration.

APPLICATIONS WILL NOT BE ACCEPTED AT THE CREDIT UNION OFFICE.

Please see policy for further explanation.