

SCHOLARSHIP APPLICATION 2025

A Privately Funded Scholarship Program

www.providencecu.org | 503.232.8070 | 800.444.8115

ELIGIBILITY REQUIREMENTS

The applicant must be a member and/or related to a member of Consolidated Community Credit Union or Providence Credit Union. To qualify you must be a graduating high school senior or a recent graduate who will be enrolled full-time as an incoming Freshman. Applicant must also have a minimum 3.00 GPA. Family members of CCCU and/or PCU employees or officials are not eligible to apply. Eligible institutions include any public or private accredited two or four year institutions for post-secondary education.



DEADLINE: July 31, 2025

All applications must be postmarked no later than July 31, 2025. Winners will be notified by September 12, 2025. Please contact us at 503.232.8070 if you have any questions.

RETURN APPLICATIONS TO:

Consolidated Community Credit Union Attn: Scholarship Committee 1033 NE 6th Ave., Portland, OR 97232

REQUIRED DOCUMENTATION

TRANSCRIPTS:

Enclose your most recent semester transcripts showing GPA and ACT/SAT scores. If aptitude scores are unavailable, include documentation of PSAT scores.

FINANCIAL INFORMATION:

Copies of current US Income Tax Returns for you and your parents. This information will be strictly confidential.

STUDENT INFORMATION

Full Name (First, Middle, Last):				
Social Security Number:	-	Date of Birth:	/	
l am a: US Citizen Permanent Resident Alien	Neither	Phone Number:		
Permanent Address:				
City:	State:		Zip:	
Mailing Address:				
City:	State:		Zip:	
Parent Full Name (First, Middle, Last):				
Are you a member of CCCU/PCU? Yes No	Are you a rel	ative of a CCCU/PCU m	iember?	Yes No
Member Name:	Relationship:			
Employer Group Affiliation (if any):				

HIGH SCHOOL INFORMATION:

High School No	ame:		
	City:	State:	Zip:
Are you a grad	luating senior? Yes 1	No Graduation Date:	
High School GI	PA: SAT V	erbal Scores:	SAT Math Scores:
ACT Composite	e Score:	*If SAT or ACT scores are unavai	lable, please provide PSAT scores.
COLLEGE I	NFORMATION:		
What College/	'Vocational School will you att	end?	
	City:	State:	Zip:
Student ID Nun	nber:	Financial Aid Phone Nu	mber:
Financial Aid C	Office Mailing Address:		
	City:	State:	Zip:
Anticipated or	Actual Field of Study		
Major:		Minor:	
	uation Date from College or V		Sarina
•	rter/semester you plan to start		Spring Summer
•		•	receive in the upcoming academic ye
		\$	
List all colleges	you have previously attended		
School Name:			
	City:	State:	Zip:
	Years Attended:	Courses Tak	en:
School Name:			
	City:		
	Years Attended:	Courses Tak	en:

ACTIVITIES & ACHIEVEMENTS

List your most significant high school activities, leadership roles and achievements (awards & recognition), ncluding dates of involvement.				



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COMMUNITY ACTIVITIES & WORK EXPERIENCE List community activities and work experience including dates of involvement:



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EDUCATIONAL & CAREER GOALS

Describe your educational, career and personal goals. If you win this award, how will it help you attain these goals? (If you need additional space, please attach another page):



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CERTIFICATION

I certify that all information that I have provided on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information on this application. I understand that the scholarship selection committee may review information provided on this application including my transcripts and my need for financial assistance based on current US Income Taxes. If selected to receive a scholarship, I give permission for a publicity release and agree to become a member of CCCU/PCU, if not already an existing member.

X	
APPLICANT SIGNATURE	DATE



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