

Application No. _____ Credit Union Use Only)



STAR OF EXCELLENCE SCHOLARSHIP APPLICATION

Applicants must be a graduating senior who has been a primary member of AOD Federal Credit Union for a minimum of one year. AODFCU Star of Excellence Scholarships are based on Academic Performance plus Community Involvement. Funds awarded will be paid at the beginning of the student's freshman year and will be made payable to and issued directly to the educational institution of the student's choice.

Applicant Name: _____ Telephone Number: _____

Address: _____

Applicant High School: _____ Email Address: _____

Applicant AOD Federal Credit Union Account Number: _____

Please provide: Class Ranking _____ GPA _____ ACT _____

*****Attach Verification of Current Class Ranking, GPA and ACT Support Documentation and Application together*****

I plan to pursue a degree in: _____

Educational Institution I plan to attend: _____

My career goal is to: _____

Tell why you have chosen to be an AODFCU member. *(you may submit additional pages)*

Tell why you feel you should be selected for an AOD Star of Excellence Scholarship. *(you may submit additional pages)*

Tell us about any community or volunteer work you have participated in. *(you may submit additional pages)*

Note: Applicants may also apply for The Spirit of AODFCU Scholarship

Mail Application To: AOD Federal Credit Union - Attn: Alison Hardeman, P.O. Box 608, Bynum, AL 36253

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