McCoy-Porter Scholarship
APPLICATION REQUIREMENTS
Filing Deadline: February 28, 2020

1. Applicant must be a graduating high school senior.

2. Applicant must be the primary member of Frontier Community Credit Union (Having a primary savings account in their name). Employees, officers, directors, volunteers or immediate family members and household members of such individuals are not eligible to participate. Immediate family members include, mother/father (or in-law), brother/sister (or in-law), son/daughter (or in-law), stepchild or stepparent, grandparent or grandchild.

3. Applicant must complete application. Please type or print clearly.

4. The following documents must be attached to the application:
   A biographical statement to include:
   - Educational background
   - Extracurricular activities
   - Past accomplishments
   - Goals
   - Work experience
   Other information you believe to be pertinent to this application, which must at least include:
   - Two (2) character reference letters. Acceptable letters can be from teachers, employers, coaches, civic or church group leaders, but not from family members.
   - Official transcript of courses completed through January 2020. Transcript must include current cumulative GPA. Convert GPA to a 4.0 scale, if necessary.

5. Your completed application, including all attachments must be received no later than February 28, 2020.
   - Applicants are notified of application status once a decision has been made.
   - Recipient is requested to attend the Frontier Community Credit Union Annual Meeting for scholarship presentation.

Application package should be sent to:
Frontier Community Credit Union
ATTN: Scholarship Committee
690 Eisenhower Rd.
Leavenworth, KS  66048

For additional information, please contact Letha Higgins, Scholarship Coordinator at 913.651.6575.
McCoy-Porter Scholarship
APPLICATION

SECTION A -- PERSONAL INFORMATION

Name:__________________________________________________________

Last       First       Middle Initial

Parent/Guardian Name(s):________________________________________

Permanent
Address:_____________________________________________________

Street       City       State/Zip Code

Telephone Numbers:____________________________________________

Daytime       Evening

Email Address:_________________________________________________

Frontier Community Credit Union PRIMARY Member Number:______________

SECTION B -- SCHOOL INFORMATION

School you are currently attending:

Name:_________________________________________________________

Address:_______________________________________________________

Street       City       State/Zip Code
SECTION B -- SCHOOL INFORMATION (continued)

School where you will attend college for the Fall Semester, 2020:

Name:____________________________________________________________________________________

Address:__________________________________________________________________________________

Street    City    State/Zip Code

Your enrollment status for the Fall Semester (please check one):   [ ] Full-time [ ] Part-time

Your year group for the Fall Semester:

[ ] Freshman  [ ] Sophomore  [ ] Junior  [ ] Other

I attest that all information is complete and accurate.

_______________________________________________    ___________________________
Applicant Signature       Date

COMMITTEE USE ONLY BELOW THIS LINE

___________________________________________________________________________________________________________________________________________________

This application has been reviewed for eligibility requirements by:___________________________________________________
Date received:________________________________________