

Awards Available:

- \$1,000 John Lisi Memorial Scholarship
- \$1,000 Jim Goldsborough Scholarship
- \$1,000 Gene Volpe Scholarship
- \$500 Merit Award

All awards are to be paid jointly to the winning student and the student's chosen accredited educational institution. Judging is based on academic performance, extracurricular activities, community service/involvement, references, and leadership roles.

Eligibility: Applicant must be a credit union member in good standing and must be enrolled as a high school senior at the time of application. Scholarship funds must be used for tuition only, at an accredited educational institution (community college, 4-year college, university, or technical/vocational school) for the upcoming 2024/2025 school year.

To Apply: Eligible members must complete this application in its entirety and return it to Bay Atlantic FCU no later than <u>Saturday, April 27^{th*}</u>. This application must be completed and signed by the student and parent/guardian and submitted with the following:

- A high school transcript that includes a cumulative GPA as of date of submission or their senior year report card/grades.
- The completed and signed Teacher Reference portion.
- A signed photo release form (*please note: the release is optional, but even if you are opting out we ask that the form still be signed and submitted for our records*)

All required documents must be submitted no later than <u>Saturday</u>, <u>April 27^{th*}</u>. If any portion of the application is incomplete or not included, the applicant will be disqualified.

If you have any questions, please contact our Marketing Specialist Danielle Mangini at 856-696-2525 ext 5396 or dmangini@bayatlanticfcu.org

Bay Atlantic FCU 101 W Elmer Rd. Vineland, NJ 08360 856-696-2525 info@bayatlanticfcu.org

*New Extended Deadline Effective 4/9/24



Scholarship Applicant Information:

<u>Applicant will not be eligible unless all information is completed and requested</u> <u>documentation is provided by 4/27/24* deadline</u>. Please type or print clearly. When filling in the information below, use only the space provided and do not attach any additional sheets or resumes to this application.

Name:
Street Address:
City: State: Zip Code:
Telephone Number: () home work cell
Email:
High School:
Institution you plan to attend and field of study:
Please fill in the appropriate box for the above-mentioned institution:
4-Year College/University Community College Technical/Vocational Schoo
*New Extended Deadline Effective 4/9/24 Certification and Release Authorization The application must be signed by both the student and the parent/guardian of the student before the applicant can be considered for a scholarship. Please have the appropriate parties sign and date below.
I certify that the information in this application is true, complete, and accurate and that I am a member in good standing of the above credit union. I authorize the release of my information for the purpose of confirming the validity of this application.
Parent/Guardian Signature:
Date:
Student Signature:
Date:



Tell Us About Yourself!

Please list your <u>high school</u> academic achievement and awards, community service involvement, and extracurricular activities in the spaces provided below. If applicable, please also indicate if you have held a leadership role or held a leadership position for each activity. Leadership titles can include, but are not limited to: manager, supervisor, counselor, team captain, president, vice president, etc.

Acamdemic Achievements and Awards (i.e. honor society, valedictorian, summa cum laude, etc.)	Role/Position
1	
2	
3	
4	
5	<u></u>
6	
7	
8	
9	
10	
Community Service (<i>i.e. environmental clean up, soup kitchen, fundraising, etc.</i>)	Role/Position
1	
2	
3	
4	
5	<u></u>
6	



7	
8	
9	
10	
Extracurricular Activities (i.e. sports, clubs, jobs, etc.)	Role/Position
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



Teacher Reference

Student's Name: _____

Teacher's Name:

Date:

The student named above is applying for a college scholarship through Bay Atlantic Federal Credit Union. Please complete the questionnaire below by checking off the options that best describe the student's performance. When completed and signed, return the questionnaire to the student. If this questionnaire is not completed and signed, the applicant will not be eligible for the scholarship.

The student must return all materials to Bay Atlantic FCU by Saturday, April 27^{th*}.

Thank you for your cooperation. If you have any questions, please contact our Marketing Specialist Danielle Mangini via email at dmangini@bayatlanticfcu.org

1. Participation in Discussion

- Always involved
- Usually participates
- Often participates
- Occasionally participates
- Seldom participates

3. Independent Study

- Substantial study
- Considerable study
- Some study
- Minimal study
- No evidence of study

5. Critical and Inquisitive Attitude

- High level of critical thinking
- Moderate level of critical thinking
- Mid-level of critical thinking
- Minimal critical thinking
- Little to no critical thinking

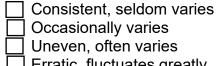
7. Personal Responsibility

- Always fully accepts
- Usually fully accepts
- Partially accepts
- Sometimes refuses
- Often refuses

2. Classroom Involvement

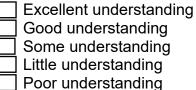
- Active and attentive Often active Somewhat active Seldom active
 - Inactive and inattentive

4. Evenness of Performance



Erratic, fluctuates greatly

6. Depth of Understanding



8. Consideration for Others

- Always considerate
- Usually considerate
- Sometimes considerate
- Sometimes inconsiderate
- Often inconsiderate



Comments:

	I authorize Bay Atlantic FCU to use my name and commer promotional efforts including, but not limited to, social med program booklets. I waive any claim to inspect, edit or app where my name and/or comments are used. (Optional)	ia posts, emails, and			
	I do not authorize Bay Atlantic FCU to use my name and c and promotional efforts.	omments in marketing			
Signa	iture:	Date:			
Subject(s) Taught:					
Email	:				
Phone Number:					
*New Extended Deadline Effective 4/9/24					
	inew Extended Deadline Effective 4/9/24				



l, _____

Photo Release Form

Please print your full name here

give permission

do not give permission

to **BAY ATLANTIC FEDERAL CREDIT UNION** to make or use pictures, digital images, or other reproductions of

myself

my minor child, _____Please print your child's full name here

and to put the finished pictures or images to use without compensation or further approval in publications online, social media, or other printed or electronic materials related to the role and function of **BAY ATLANTIC FEDERAL CREDIT UNION**.

Signature:		
•		

Email:

Phone Number: _____ Date: _____

Federally Insured by NCUA Equal Housing Lender NMLS # 663312



f)

Ø

@BAFCU