



Phone 336-723-0619  
Fax 336-725-0955

1777 Link Road  
Winston-Salem, NC  
27103-4625

## **J. C. Higgins Scholarship Program**

### **Purpose**

This scholarship program is intended to provide funds for continuing education for any individual fulfilling all eligibility requirements. The sole use of this scholarship is to aid in funding the college attendance costs of recipients for one year in the amount of \$1000 each.

### **Eligibility**

Eligible recipients must be a member of the Emergency Responders Credit Union. The recipients must possess a high school diploma and be able to provide proof of acceptance to a 4 year college or community college.

Please complete this application (print or type) as completely and accurately as possible. Return the application and required information to:

Emergency Responders Credit Union  
1777 Link Rd.  
Winston Salem NC 27103

**All applications and required information must be received by  
March 6, 2020.**

(Email applications will not be accepted)



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**J. C. HIGGINS  
SCHOLARSHIP APPLICATION**

**SCHOLARSHIP APPLICATION**

Date of Application \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No.: (     ) \_\_\_\_\_

CU Account No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_



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How many credit hours have you successfully completed: \_\_\_\_\_

What is your current major: \_\_\_\_\_

Attach a sealed copy of your high school, college, and/or community college transcript(s).

Attach a separate sheet and list your high school, college, community college activities community or service activities, groups, clubs, offices held, etc.

Attach a copy of your taxable income from last year.

If you will be employed during the school year, please estimate the number of hours per week and hour rate of pay.

Rate per hour: \_\_\_\_\_ Hours per week: \_\_\_\_\_

List all sources of monies for your expenses for the school year:

Self: \_\_\_\_\_ Parents: \_\_\_\_\_

Scholarships: \_\_\_\_\_ Loans: \_\_\_\_\_

Grants/Aids: \_\_\_\_\_ Military/GI: \_\_\_\_\_

Other: \_\_\_\_\_

If your parents, or legal guardian, provide some of your monies, please attach a copy of their taxable income.

Write and attach an essay if not less than 250 words indicating how receiving this scholarship will assist you in reaching your career goals.



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Two personal references are required; one from a teacher or counselor and one from a member of your community. Neither reference may be family or clergy.

Disbursement of the grant will be made to the Institution and the recipient after a copy of the tuition billing has been received.

I hereby grant permission to the Emergency Responders Credit Union to verify all information submitted on, or in support of, this application. I understand and meet the eligibility requirements. I understand the decisions of the Scholarship Committee of the Emergency Responders Credit Union and Board of Directors is final.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature



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J. C. Higgins  
Scholarship Program

PERSONAL REFERENCE FORM

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I am applying for a college scholarship through the Emergency Responders Credit Union and would like to use you as a reference. Please complete the questions below and return to me. Because there are application deadlines, a timely response would be greatly appreciated.

Thank you for allowing me to use you as a reference.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please provide an overall assessment of the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date