

ROYCE ARMSTRONG MEMORIAL SCHOLARSHIP

Up to \$1,500 can be awarded to recipient(s).

Applicants must be a Koin Credit Union member and enrolling at any accredited college, university, or seminary.

Application Packets must be submitted no later than Wednesday, May 31, 2023.

Packets include:

o Fully Completed Application

o Essay:

- 1) What is the biggest lesson you've learned so far?
- 2) If you could describe yourself using only one word, what would it be and why did you choose this word?
- 3) What would be your ultimate dream job?
- 4) What Bible verse has had the most impact on your life and why?
- 5) If you had the opportunity to bring any person past or present, fictional or nonfictional to a place that is special to you, who would you bring and where would you take them?

Incomplete packets will not be reviewed.

Selection of the recipients will be made by Friday, June 16, 2023. Criteria for selection includes:

Financial Need Academic Record Service to Community, School and Church Essay Completion

Recipient(s) will receive written notification of amount awarded and terms of acceptance.

Disbursements will be made payable to the financial aid office of the college, university or seminary to be attended by the recipient. Scholarship Checks will be presented upon verification of registration as a full-time *student* (*minimum 12-term or semester hours*).



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Koin **Credit Union**

ROYCE ARMSTRONG MEMORIAL SCHOLARSHIP APPLICATION

RETURN TO >

Royce Armstrong Memorial Scholarship Koin Credit Union

			iew Dr, Ste 3-111 Tennessee 37027	Арр	Application Deadline: 05/31/2023			
PERSONAL IN Last Name		rst	Middle	Social Security	y Number	Date of Birth (Month/Day/Year)		
Permanent Resid	ence: Street Address							
City				State	Zip Code	Phone		
City					1,-			
Marital Status	tatus Spouse's Name				Children's Nam	e and Ages		
Are you a mer	mber of Koin Credit	Union?						
			FAMI	LY INFORMATION		'		
Father's Name	r's Name Ad		Address			Father's Employer		
Mother's Name			Address			Mother's Em	ployer	
List names, a	ges and education	al status of bro	thers, sisters or depe	endents:				
Name				Age		Educational Status		
Current	Grade	School		Oth.			Years Attended	
Status	Grade Point Average	Street or P. O. Box		City		State	Zip Code	
Test Results	SAT Verbal	SAT Math	ACT Composite	High School Seniors	High School Seniors: If SAT or ACT scores are unavailable, please provide PSAT scores.			
Other Schools Attended	High School				Years Attended			
	Address Grade Point Average						verage	
	College/Vocational School Years Attended							
	Address					Grade Point Av	verage	
	Graduate School/Seminary					Years Attended		
	Address					Grade Point Av	verage	
Plans for Coming September	What will be your class standing as of this coming September?							
	☐ FRESHMAN IN COLLEGE/VOCATIONAL SCHOOL ☐ SENIOR COLLEGE/VOCATIONAL SCHOOL							
	SOPHOMORE IN COLLEGE/VOCATIONAL SCHOOL MASTER'S PROGRAM							
	☐ JUNIOR IN COLLEGE/VOCATIONAL SCHOOL ☐ DOCTOR'S PROGRAM							

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EDUCATIONAL INFORMATION (cont.)							
Schools to which you have applied:							
Cabada at which was been accounted.							
Schools at which you have been accepted:							
What are your anticipated or actual fields of study?							
MAJOR MINOR							
FINANCIAL INFORMATION							
List any scholarship, friendships, or tuition and fee waivers you will receive during the coming academic year:	A						
Scholarship	Amount						
	<u> </u> \$						
	\$						
	\$						
ACTIVITIES							
List your most significant high school activities:							
List your most significant college activities (if applicable):							
List significant church activities, community activities, and work experience:							
List significant church activities, community activities, and work experience.							
ADDITIONAL INFORMATION							
Please share any additional personal information or special circumstances that you believe will help the committee as they review your application.							
I certify that all information which I have provided on this form is true and complete to the best of my knowledge. If requested, I a on this application. I understand that the Koin Credit Union Board of Directors may review information pro<1ded on this form, my assistance. If selected for a scholarship, I give permission for a publicity release.	gree to give proot of the information transcripts, and my need for financial						
Signature of Applicant	Date						
Address	Telephone						