



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 *Friday, May 30, 2025*.

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 20, 2025. 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*).

Maximize
YOUR PURPOSE



Koin
Credit Union

EDUCATIONAL INFORMATION (cont.)

Schools to which you have applied:

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:

Scholarship	Amount
	\$
	\$
	\$

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:

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 agree to give proof of the information on this application. I understand that the Koin Credit Union Board of Directors may review information provided on this form, my transcripts, and my need for financial assistance. If selected for a scholarship, I give permission for a publicity release.

Signature of Applicant	Date
Address	Telephone

PLEASE ATTACH ESSAY ANSWERS