

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)*.



Koin Credit Union 615.251.2089

Maximize YOUR PURPOSE



Koin Credit Union

ROYCE ARMSTRONG MEMORIAL SCHOLARSHIP APPLICATION

| | RETURN TO > Royce Armstrong Memorial Scholarsh Koin Credit Union 215 Centerview Dr, Ste 3-111 Brentwood, Tennessee 37027 | | | | P Application Deadline: 05/30/2025 | | | |
|------------------------------|---|-----------------------------|------------------------|--------------------------|------------------------------------|---|---------------------|--|
| PERSONAL IN | | | | | | | - | |
| ast Name | Fir | st | Middle | Social Secu | ırity Number | Date of Birth (Month | n/Day/Year) | |
| ermanent Resid | ence: Street Address | | | | | | | |
| ty | | | | State | Zip Code | Phone | | |
| arital Status | Spouse's Name | | | Children's Name and Ag | | | | |
| re you a mer | nber of Koin Credit | Union? | | | | H. | | |
| FAMILY | | | LY INFORMATION | | Father's Em | Father's Employer | | |
| other's Name | | | Address | | | Mother's Em | ployer | |
| st names, a | ges and education | al status of brot | thers, sisters or depe | endents: | | | | |
| ame | | | | Age | | Educational | Status | |
| unic | | | | | | | | |
| Current Status Test | Grade Grade Point Average SAT Verbal | School Street or P. O. B | ox ACT Composite | City High School Seni | ors: If SAT or ACT scores are ur | Years Attender State navailable, please provide P | Zip Code | |
| Results | 3 | | | | | | | |
| | High School | | | | | Years Attende | Years Attended | |
| | Address | | | | | | /erage | |
| Other Schools Attended | College/Vocational School | | | | | | Years Attended | |
| | Address | | | | | | Grade Point Average | |
| | Graduate School/Seminary | | | | | | Years Attended | |
| | Address | | | | | | Grade Point Average | |
| | What will be your class standing as of this coming September? | | | | | | | |
| Diana far | FRESHMAN IN COLLEGE/VOCATIONAL SCHOOL | | | | | GE/VOCATIONAL S | CHOOL | |
| Plans for Coming | SOPHOMORE IN COLLEGE/VOCATIONAL SCHOOL | | | | | PROGRAM | | |
| September | JUNIOR IN COLLEGE/VOCATIONAL SCHOOL | | | | | | | |
| | | | | (over) | | | | |

| Maxi | mize |
|---------|--------|
| YOUR PL | JRPOSE |



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 |