College Scholarship Application

Applicant Information *(**Only complete applications will be considered**.)*

Last Name:_____ First:_____ Middle Initial:_____

Street Address:_____ Email:_____

City:_____ State:_____ Zip:_____

Phone:_____ Preferred method of contact: ☐ Phone ☐ Email

ACU Member Information (if different than applicant):

Last Name:_____ First:_____ Middle Initial:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Current Education Information *(Must submit a copy of your high school or accredited college, university or vocational school transcript)*

High School/College:_____ Graduation Date:_____ GPA:_____

Name of accredited post-secondary school you will attend/are attending:

_____

City:_____ State:_____

Circle one: 2 Year Community/Junior College 4 Year College/University Vocational/Technical

Date of Entrance:_____ Expected Date of Graduation:_____

The information provided in this Scholarship Application is true and complete. I authorize Abri Credit Union's Scholarship Committee to verify or obtain further information that the committee may deem necessary concerning my Scholarship Application. I understand that this application and video or essay will be retained by the Scholarship Committee whether or not I am awarded a scholarship. I also understand that the decision of Abri Credit Union's Scholarship Committee is final.

I, _____, hereby grant that Abri Credit Union is authorized to use my name, picture, video/essay, or any reproduction of myself for editorial or commercial purposes. Permission is hereby granted to make changes or alterations to the video/essay. I understand that this video/essay will become the property of Abri Credit Union and that they can use the concept for future ads for the credit union and/or use the video/essay in the future. The video/essay can be used by the Credit Union for publicity purposes and may be shared through various outlets, including YouTube, Facebook, and the Internet.

The undersigned warrants that he/she is at least 18 years old. If the undersigned has not reached legal age, please include a parent or guardian signature.

Applicant's Signature: _____Date:_____

Parent/Guardian Signature:_____ (if necessary) Date:_____

All complete scholarship applications must be received by the Scholarship Committee no later than midnight on December 29, 2026. Please submit a completed application, transcript, recommendations, and either a 60-second video or 500 word essay. You can complete the application and upload documentation online at idmyway.com. A PDF of the application is also available online and can be printed and mailed, along with your documentation and video/essay to: Abri Credit Union, Attn: Scholarship Committee, 1350 W. Renwick Rd., Romeoville, IL 60446.

Thank you for applying for Abri Credit Union's Scholarship Program. We will contact you by Friday, January 15, 2027, if you have been awarded a $1,000 scholarship.