



# DEXSTA

## Federal Credit Union

*Serving the New Castle County Community*

### **Community First!** **DEXSTA Scholarship Program**

The scholarship program is for DEXSTA Federal Credit Union members only. Students may join the credit union and then apply. If the student goes to school or lives in New Castle County, they are eligible for credit union membership. A \$5 deposit into a savings account is the requirement for membership.

The scholarship program will award \$1,000 to up to three members for college education.

**Purpose:** The purpose is to promote financial higher education to our members. The credit union recognizes the importance of having a good education and learning about important financial manners. We also want to promote voluntary community involvement among our members, such as our volunteer Board of Directors.

**Guidelines:** For upcoming college students who are current DEXSTA members. To enter, the student must be a high school SENIOR and:

- Have a GPA of 2.5 or above
- have performed volunteer hours within the community
- Submit a two-page double-spaced essay – on the topic – “How a credit union affects my community”
- Submit two letters of recommendation
- Be able to attend our Annual Meeting in the spring for award presentation.

All information and requirements must be turned into the credit union by January 31, 2007 for a decision to be made prior to the Annual Meeting.

For more information, email [Marketing@dexsta.com](mailto:Marketing@dexsta.com)

# DEXSTA Federal Credit Union Scholarship Program

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## Applicant Information Please print or type completing all requested information. Only completed applications will be considered.

DEXSTA Account Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## Parent/Guardian

DEXSTA Account Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Number of other dependent children (excluding yourself): \_\_\_\_\_

## Education Information Must submit your high school transcript.

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_ / \_\_\_\_

Name of accredited post-secondary school(s) you are applying to: \_\_\_\_\_

\_\_\_\_\_ Anticipated Annual Cost \_\_\_\_\_

2 Year Community/Junior College     4 Year College/University     Vocational/Technical School

## Activities Information (school, sports and community)

List all activities in which you have participated listing any awards or honors received. You may attach a separate sheet if necessary.

Name & Description of Activity	Awards/Honors Rec'd	Years Participated	Faculty Advisor	Position Held

## Employment Information:

List all jobs you have held including a supervisor who can verify your employment. Briefly, describe your responsibilities and hours worked per week. You may attach a separate sheet if necessary.

Employer	Supervisor	Responsibilities	Employment Dates	Hours/Per Week

## Essay

Please attach a written essay that includes the topic: – ‘How a credit union affects my community’

The essay must be two-pages, double spaced. Preferable format: Microsoft Word document with normal margins and double spacing.

## Recommendations

Your application must include two written references from persons not related to you. The form attached to the back of this application may be copied and given to those writing a reference on your behalf. Please list your two references and their occupation/relationship to you.

1) \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

2) \_\_\_\_\_ Occupation/Relationship \_\_\_\_\_

## Application Checklist *This application becomes complete only after you have submitted:*

- DEXSTA Primary Member Account Number     Application Form     Essay  
 High School Transcripts\*     2 Letters of Recommendation\*

\*May be sent to scholarship committee under separate cover.

## Signature

I, the applicant, certify that the information provided in this application is complete and accurate to the best of my knowledge. I accept the terms of this scholarship and will send my transcript to the scholarship committee with my authorization to review it. I am a member of DEXSTA in good standing.

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Signature of Applicant

Date

Note: Directors, officers and employees and any affiliate companies, subsidiaries, agents, professional advisors, advertising and promotional agencies, and immediate families of each are not eligible to apply for this scholarship.

**DEADLINE for all documentation: January 31, 2007**

# DEXSTA Federal Credit Union Scholarship Program

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You have been asked to submit a letter of reference on behalf of this applicant for the DEXSTA Federal Credit Union Scholarship Program. Please use this form as a guide when writing your letter of reference or you may simply answer these questions. The letter of recommendation must be returned or postmarked by January 31. Mail to:

DEXSTA Federal Credit Union Scholarship Committee  
Attention: Marketing Department  
300 Foulk Road, Suite 100, Wilmington DE 19803

Name of Scholarship Applicant:

How do you know Applicant?

Comment on the Applicant's personal character:

Comment on the Applicant's scholastic performance:

What characteristics do you consider his/her greatest attributes?

How would you rate the Applicant's potential for future personal achievement? Why?

Any additional comments:

Prepared by: \_\_\_\_\_ Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_