InfuzeCU.org/Scholarship



## Marion Dale Summerford Memorial Scholarship



Infuze Credit Union is proud to offer the Marion Dale Summerford Memorial Scholarship. Mr. Summerford, who was known by many as Dale, was a long time volunteer on the Infuze Credit Union Board of Directors. Dale believed in the philosophy of the credit union movement, "People Helping People." Our goal for providing this scholarship is to assist our Member/Owners in their pursuit of higher education.

## **APPLICATION REQUIREMENTS**

One - \$2,000 scholarship will be awarded to an Infuze Credit Union member who will be continuing their education in 2023. The Marion Dale Summerford Memorial Scholarship is open to eligible members who plan to continue their education at a university, college or technical school. Infuze Credit Union employees, Board and Committee Members, and their spouses or children are not eligible for the scholarship.

Eligible members must complete and return the following materials no later than **Friday**, **March 17**, **2023**.

- Scholarship application form filled out completely.
- Two letters of recommendation, including one from your employer, community leader, or clergy, and one letter from a professional source. The letters should include the author's relationship to the applicant and how long they have known the applicant.
- An essay on: How would your field of study benefit our members and community? The
  essay should be no more than 500 words in length, and must be typed and doublespaced.

## AWARD INFORMATION

The winners will be notified by telephone or mail on or before April 14, 2022, and invited to Infuze Credit Union's Annual Membership Meeting for special recognition. The awardee or their representative is expected to attend to accept the scholarship. Scholarship funds will be sent to the post-secondary school in the student's name upon confirmation of enrollment.

## **Scholarship Application**



Full Name					
Account Number	Member since:				
Date of Birth/Social	/Social Security Number			Telephone	
Address	City		State	Zip	
Name of Employer					
Employer Address	City		State	Zip	
How many hours per week do you work	κ?				
How many years have you been with yo	our current e	employer?			
Below please provide the name and ad	dress of the	university, college or	technical school you p	lan to attend:	
University, College, or Technical School I	Name				
Field of Study					
Address		City	State	Zip	
Telephone Number of Financial Aid Offi	ce		Contact		
List activities in any civic, social, or chui	ch group (a	ttach additional page	es if necessary):		
Name of Activity	# years	Office(s	) Held		
List volunteer activities (attach addition	nal pages if r	necessary):			
Name of Activity	# years	Office(s)	Held		

Why do you want to continue your education?  How would this scholarship help you financially pursue your academic goals?	
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**On a separate sheet of paper (typed and double-spaced, 500 words or less) explain how your field of study would benefit our members and community.**	
Did you include your: Mailing Checklist	
☐ Scholarship Application ☐Two Letters of recommendation ☐Essay: 500 words or less	
Paperclip and mail the above to: Infuze Credit Union  Marketing Department P.O. Box 80  Fort Leonard Wood, MO 65473	

Applications **must be received no later than Friday, March 17, 2023,** to be considered for the Marion Dale Summerford Memorial Scholarship - Continuing Education.

For more information contact us at 573.329.3151.