



HERITAGE SOUTH  
YOUR COMMUNITY CREDIT UNION

## Claude Sawyer Memorial & James H. Morgan Scholarship Application

Scholarship Award: \$2,500 (each)

Applications must be returned to Credit Union by: Monday, March 31<sup>st</sup>, 2025

Applicants Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### *Schools Attended*

School Include City and State	Completed	GPA/ Class Rank

### *Credit Union Membership*

Are you a member of Heritage South Credit Union? ☐ Yes ☐ No

Do you have a family member who is a member? ☐ Yes ☐ No

If yes, Please give name and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to applicant

Name of Parents or Guardian: \_\_\_\_\_

## ***Income Information***

Father's Place of Employment: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Total Family Income yearly: \_\_\_\_\_

Number of brothers/sisters living at home: \_\_\_\_\_

## ***College of University Information***

Please list the colleges or university's you wish to attend: In order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What will be your major/field of study : \_\_\_\_\_

## ***Other Scholarships***

List any other scholarships you have received and the amount:

Scholarship Type	Amount of Scholarship

## ***References***

List Three References other than family members that may be contacted:

Name	Phone Numbers
1.	Home Phone: Other:
2.	Home Phone: Other:
3.	Home Phone: Other:

***Extracurricular Activities***

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***List any honors or awards***

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***List Community or other activities***

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***Applicant's Signature***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**This application must be submitted with an official copy of your high school transcript**

## ***Essay***

**Attach a handwritten essay to describe in 75 words or less why you desire this scholarship and your expectations of college and what life goals you have set for yourself for the next 10 years.**

***To be completed by Principal or School Counselor***

1. College entrance examination score

ACT Composite Score \_\_\_\_\_

SAT Combined Score \_\_\_\_\_

2. Student's cumulative High School grade point average

GPA excluding spring semester of senior year

If school uses a 5.0 system, please refigure to a 4.0 base

GPA \_\_\_\_\_

This application must be submitted with an official copy of the high school transcript

Principal or Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_