

# 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

Four - \$2,000 scholarships will be awarded to Infuze Credit Union inMotion Club members who will be graduating high school in 2024. The Marion Dale Summerford Memorial Scholarship is open to eligible high school seniors 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 15, 2024**.

- Scholarship application form
- Copy of high school transcript, including current GPA
- Current ACT or SAT score
- Two letters of recommendation, including one from a teacher, and the other from a guidance counselor, employer, a community leader, or clergy. 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 double-spaced.

## AWARD INFORMATION

The winners will be notified by telephone or mail on or before April 12, 2024, 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.

# Graduating High School Seniors Scholarship Application



\*Must be an Infuze CU inMotion Club Member to apply\*

Full Name \_\_\_\_\_

Account Number \_\_\_\_\_ Member since: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Name of High School from which you will graduate \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current ACT/SAT Score: \_\_\_\_\_ National Honor Society:  yes  no If yes, how many years: \_\_\_\_\_

High School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Below, please provide the name and address of the university, college or technical school you plan to attend:

University, College, or Technical School Name \_\_\_\_\_

Field of Study \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number of Financial Aid Office \_\_\_\_\_ Contact \_\_\_\_\_

List high school activities/clubs/sports in which you have participated (attach additional pages if necessary):

Name of Activity	# years	Office(s) Held

List activities in any youth, civic, social, or church group (attach additional pages if necessary):

Name of Activity	# years	Office(s) Held

List volunteer activities (attach additional pages if necessary):

Name of Activity	# years	Office(s) Held

Special Recognition of Honors:	Name of Honor	Year Presented

Summer Activities:	Activity	Year	Office(s) Held

Current Employer	Length of Employment	Position	Hours Per Week

Why do you want to continue your education?

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How would this scholarship help you financially pursue your academic goals?

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*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.\*\***

## Mailing Checklist

**Did you include your:**

- |   |  |
|---|--|
| <input type="checkbox"/> Scholarship Application                | <input type="checkbox"/> Two letters of recommendation |
| <input type="checkbox"/> Copy of HS transcript with current GPA | <input type="checkbox"/> Essay: 500 words or less      |
| <input type="checkbox"/> Current ACT/SAT score                  |  |

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 15, 2024**, to be considered for one of the Marion Dale Summerford Memorial Scholarships - Graduating High School Seniors.

For more information contact us at 573.329.3151.