

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 2024. 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 15, 2024**.

- Scholarship application form
- 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 double-spaced.

AWARD INFORMATION

The winners will be notified by telephone or mail on or before April 14, 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.

Continuing Education Scholarship Application



Must be an Infuze CU Member to apply

Full Name _____

Account Number _____ Member since: _____

Date of Birth ____/____/____ Social Security Number _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Name of Employer _____

Employer Address _____ City _____ State _____ Zip _____

How many hours per week do you work? _____

How many years have you been with your current employer? _____

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 activities in any 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

Why do you want to continue your education?

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

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:

- Scholarship Application 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 15, 2024**, to be considered for the
Marion Dale Summerford Memorial Scholarship - Continuing Education.
For more information contact us at 573.329.3151.