

DuTrac Community Credit Union Academic Scholarship Program

Complete all portions of this application, print or email to ktegeler@dutrac.org along with most recent high school transcript, essay or video and college acceptance letter by Friday, March 30, 2019.

Date: _____

Name: _____
Last First Middle

Member Account Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Parent or Guardian Name(s): _____

Graduating High School: _____

High School Telephone: _____

High School Graduation Date: _____

Cumulative GPA: _____

Class Rank: _____

ACT Composite Score: _____

S.A.T. Scores: Verbal: _____ Written: _____
(if taken)