

THE CONNECTICUT LABOR DEPARTMENT FEDERAL CREDIT UNION
2024 SCHOLARSHIP APPLICATION

Application Information and Instructions

The Connecticut Labor Department Federal Credit Union (CLDFCU) is offering two \$1,000 scholarships in 2024. The student candidates for the CLDFCU scholarships must become CLDFCU members in order to apply, and must be graduating from high school in this school year and pursuing post-secondary education (two or four-year degree institutions). The sponsoring family member's CLDFCU account must be current, in good standing, and must have been active for the period of one year.

Upon receipt of scholarship applications, each application will be checked for completeness and assigned an identification number by the CEO of the CLDFCU. The first page, containing identifying information, is then removed to preserve confidentiality. Using an objective, numeric scoring system, members of the CLDFCU Scholarship Committee will review the numbered applications and determine the scholarship awards. Awards will be based on academic achievement with community service or financial need. Applications will only be fully evaluated if they first meet these general criteria.

Decisions will be formally announced at the CLDFCU Annual Meeting on **(TBA)** Recipients **are required to attend the annual meeting and banquet** that evening to accept the award. Scholarships are for one year, non-renewable, and must be used in the academic year for which they are awarded.

Instructions

1. Print or type all requested information.
2. Complete ***all*** items to ensure that your application can be assessed fairly. If you are not sure which school you will be attending, submit information for your first choice. If you have additional questions or if pertinent information changes significantly after you have submitted your application, you must **notify the committee in writing** at CLDFCU Scholarship Committee, 200 Folly Brook Blvd., Wethersfield, CT 06109 **or by telephone** at (860) 263-6500. To avoid disqualification, please review your application before submitting it to be sure that you have properly completed all items on each page. (Note: this application contains four (4) pages.) ***Incomplete applications will not be accepted.***
3. Be sure that both the student applicant and parent/guardian have signed the certification statement at the bottom of page 1 of the application.
4. All applicants: If you have submitted a FAFSA, please attach a **COPY** of your SAR (Student Aid Report) Part I, which indicates your EFC (Expected Family Contributions) number.
5. For your personal records, detach this *Application Information and Instructions* sheet and **keep it along with a COPY of your completed application**. This will facilitate dealing with any problems, which may arise after you have submitted your application.
6. Submit your completed application in a ***sealed envelope*** to the CT Department of Labor Federal Credit Union Scholarship Committee, c/o CLDFCU, 200 Folly Brook Boulevard, Wethersfield, CT 06109 by **April 2, 2024**. ***Late applications will not be accepted.***
7. Include a self-addressed, stamped postcard if you would like us to verify receipt of your application.

Please remember:

You must attend the CLDFCU Annual Meeting to receive the scholarship award if you have been selected; if you do not attend, you will be disqualified.

Application No: _____

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GENERAL INFORMATION

1. Name: _____ Telephone: _____
2. Address: _____
3. High school from which you will graduate: _____
4. Name and address of college/school you plan to attend: _____

5. Major/area of study (interest): _____
6. Intended/required length of study (in years): _____
Intended year of completion: _____
7. Full time: _____ or part-time student: _____ (check one)

CERTIFICATION STATEMENT

To the best of my knowledge, the information contained in this application is true and correct. I have read the *Application Information and Instructions* cover sheet and understand that I am responsible for the submission of all information and documentation required by the April 2, 2024 deadline. If chosen to receive the scholarship the student **will be required to attend the CLDFCU Annual Meeting (TBA)**. The CLDFCU Scholarship Committee reserves the right not to process applications found to be late or incomplete.

Applicant Printed Name, Signature and Date

Parent/Guardian Printed Name, Signature and Date

Application No: _____

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PART I -- FINANCIAL INFORMATION

A. Expenses				
1. Tuition for the coming year				\$
2. Additional required fees billed by college or school				\$
3. Books and Lab fees				\$
4. Room (residence only)				\$
5. Board (meals away from home)				\$
TOTAL EXPENSES				\$
B. Available Funds				
1. Annual amount from parents				\$
2. Annual amount from student as itemized below				\$
• Part-time job, summer job				\$
• Portion of savings available for this coming school year				\$
• Excluding student loans, list any other known source of financial aid and the amounts (e.g. CT State Scholarships)				\$
TOTAL AVAILABLE FUNDS				\$
C. Annual Financial Need [Expenses (A.)] minus [Available Funds (B.)]				\$
D. Loans, Grants, and/or Financial Aid from college or school:				
Pell Grant	\$		Subsidized Direct Stafford Loan	\$
Perkins Loan	\$		Unsubsidized Stafford Loan	\$
			Additional Financial Aid from School	\$
E. Gross Income (check appropriate category <u>and</u> level)				
___ Parent(s) [If applicant is claimed on Federal Income Tax]				
___ Student (and spouse, if married) [<i>if no longer claimed as dependent by parent(s)</i>]				
___ 0 -- \$20,000	___ \$20,000 -- \$30,000	___ \$30,000 -- \$40,000	___ \$40,000 -- \$50,000	
___ \$50,000 -- \$65,000	___ \$65,000 -- \$80,000	___ \$80,000 -- \$100,000	___ over \$100,000	
F. Did you submit a FAFSA? ___ Yes ___ No				
If, yes, please attach a <u>copy</u> of the SAR portion (Student Aid Report) that indicates your EFC (Expected Family Contribution) number. <i>Do not send any other information</i> from your Student Aid Report.				

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PART II – FAMILY INFORMATION

- A. List the *ages* of dependent children in the household, ***including yourself***: (e.g., 22, 18, 14, 10).
Do **NOT** include names _____
- B. How many of the above, ***including yourself***, will be attending a post-high school institution during the coming school year? _____

PART III – ACADEMIC INFORMATION

(This information **must be verified through correspondence** from your school's Guidance Department.)

GPA _____ CLASS RANK _____ NUMBER IN CLASS _____

Note: A letter of recommendation from the Guidance Department/Teacher is also required.

PART IV – SCHOOL, COMMUNITY ACTIVITIES AND WORK

- A. List extracurricular activities, including academic/honor societies and offices held, during your school years. (e.g. Soccer 2, 3, 4, Capt. 4, FBLA 1, 2, 3, 4, Sec.3)

- B. List volunteer/unpaid services and activities in the **community** other than those related to school athletics and clubs.

- C. Do you work or have you worked during the **current** 2023-2024 school year? __Yes__No
If yes, describe briefly the type of work and dates of employment.

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V. – SUPPLEMENTARY INFORMATION

- A. Write a brief statement of your academic goals/career objectives.

- B. List any special circumstances you wish to share which you feel would be useful in the evaluation of this application.

- C. If you receive a scholarship, will you write a thank you note to the Board of the Connecticut Department of Labor Federal Credit Union, sharing some information about yourself and your academic goals and career objectives?

Yes _____ No _____