



**Sandra B. Neves Scholarship**  
*Sponsored by Fitzsimons Credit Union*

The Sandra B. Neves Scholarship is named in honor of former Chief Executive Officer Sandra B. Neves who retired after thirty-six years of service to Fitzsimons Credit Union (FCU). This scholarship represents Sandra's commitment to life-long learning and her belief that education is essential toward self-fulfillment.

**The award is in the amount of \$500 to \$5,000, depending on the number of finalists.**

**Eligibility Requirements:**

Applicants must meet the following requirements:

1. United States citizen
2. At least 16 years of age
3. A member of FCU or a family member of an FCU member in good standing
4. Pursuing an associates or bachelor's degree (preferably in business or related major) at an accredited two or four-year institution in the U.S. conferring degrees
5. Complete a multi-page application with all required documentation
6. Ensure application is emailed by deadline
7. Applicant may reapply in subsequent years

Selection Criteria:

- Grades
- Essay
- Professional Goals
- Community Service
- Financial Need
- Extracurricular Activities

**Selection Process:**

Selection of the recipient is at the sole discretion of Fitzsimons Credit Union Scholarship Committee. Applications will be based on objective criteria such as academic performance, extracurricular and community activities, references, and personal and professional goals.

**APPLICATION DEADLINE:**

**The completed application with all required documents must be emailed by 5:00pm Monday, May 31, 2021.**

## **Sandra B. Neves Scholarship**

### ***Application Checklist and Required Documentation***

**The following documents must be completed and received by the deadline of 5:00pm Monday, May 31, 2021 to be considered for this scholarship opportunity.**

- Complete all sections of the four-page application.**
- Official or certified copies of high school/college transcripts.**
- College entrance or SAT/ACT scores.**
- Two letters of recommendation from non-relatives such as teachers, professors, counselors, work or volunteer activity supervisors or personal acquaintances.**
- Essay of 500 words or less on one of the following topics.** Please attach a separate sheet and indicate which of the following essay topics you choose to address:
  - A.** What has been the biggest challenge in your life and how did you overcome it?
  - B.** How will this scholarship help you achieve your personal and professional goals?
  - C.** Why should you be selected to receive the Sandra B. Neves Scholarship?
- Signed Release and Certification from either the student or parent/guardian.** If applicant is under 18 years of age at the time of application, parent and/or legal guardian must complete on behalf of the student.

**Application will not be considered unless all information is completed and all requested documentation is provided.**



**PERSONAL INFORMATION**

**Name:**

**Date of Birth:**

**Mailing Address:**

**Email Address:**

**Telephone:**

**High School:**

**High School City and State:**

**High School Graduation Date:**

**High School GPA:**

**How are you associated with Fitzsimons Federal Credit Union?**

**If under 18 years old:**

**Name of Parent or Guardian:**

**Si menor de 18 años de edad:**

**Nombre del padre o tutor:**

**Address if different from yours:**

**EXTRACURRICULAR INVOLVEMENT:** Please detail your involvement in the following areas. Include name of organization, title of position, dates of service, and hours per week, when applicable.

**Honors, Awards, and Leadership Positions Held (Elected or Appointed):**

**Extracurricular, Volunteer, Internship, and Community Service Activities:**

**Paid employment while in high school or college:**

**EDUCATIONAL INFORMATION:** Please list information regarding the college/university you plan to attend or are attending.

**Name of college/university** **City and State**

**Fall 2021 you will enroll as:** freshman      sophomore      junior      senior

**Expected Graduation Date:**

**Degree program (major and minor) pursuing:**

**Career Goals:**

**Estimated annual costs:** (include tuition, room, board, books, student fees) \$

**How do you plan to meet these costs?** Please list amount, if any, from each source.

From Parent(s)/Guardian(s) or relative(s)	\$
From my own savings	\$
From my summer employment	\$
From paid work during the school year	\$
From loans requiring repayment	\$
From grants, scholarships, etc.	\$
Other:	\$

**Scholarship/Financial Aid applied for:** (include names of scholarships/financial aid and amount)

**Scholarship/Financial Aid awarded:** (include names of scholarships/financial aid and amounts)

**FINANCIAL INFORMATION:**

**Applicant's Parent or Guardian Information:**

Relationship: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Name: \_

Street Address:

Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Applicant's Parent or Guardian Information:**

Relationship: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Name: \_

Street Address:

Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Other household residents dependent on above income:**

Name	Age	Relationship	School Attending
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**If you indicated that your parent(s)/guardian(s) will not be offering financial assistance for your education expenses, please explain why:**

**Are you an emancipated minor?**        Yes                          No

**DEADLINE: 5:00pm Monday, May 31, 2021**

**INFORMACIÓN FINANCIERA:**

**Información de los padres o tutores del solicitante:**

Relación: Ingreso anual: \$

Nombre:

Dirección:

Empleado por: Ocupación:

**Información de los padres o tutores del solicitante:**

Relación: Ingreso anual: \$

Nombre:

Dirección:

Empleado por: Ocupación:

**Otros residentes de la casa dependientes de ingresos superiores:**

Nombre	Edad	Relación	Asistiendo a la escuela
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**Si usted indicó que sus padres (s) tutor (s) no estarán ofreciendo ayuda financiera para sus gastos de educación, por favor explique por qué:**

Eres un menor emancipado?  Sí  No

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**FECHA LÍMITE: lunes, 31 de mayo, 2021 a la 5 P.M.**

**PARENTAL CERTIFICATION AND RELEASE AUTHORIZATION**

***If the applicant is under 18 years of age at the time of application, the parent and/or legal guardian must sign the release on behalf of the child for the application to be considered. If the applicant is 18 and over, please complete the section entitled "Applicant Certification and Release."***

***Parent/Guardian Certification and Release***

I certify that I am the parent or legal guardian of \_\_\_\_\_ and that the information contained in this application and any additional information provided is true, complete, and accurate to the best of my knowledge. I hereby authorize Fitzsimons Federal Credit Union to release the scholarship information provided by my child and me as well as other information regarding my child's academic progress and status, to any designated selection committee or selection advisory committee ("committees") for the purpose of providing the committees with information concerning my child's eligibility as a scholarship recipient. My child's application and the materials contained herein become the property of Fitzsimons Federal Credit Union. Additionally, I authorize Fitzsimons Federal Credit Union to use my child's name, photograph or likeness in any of its promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Applicant Certification and Release. Please complete if you are 18 years of age or older at the time of application.***

I certify that I am 18 years of age and that the information contained in this application and any additional information provided is true, complete, and accurate to the best of my knowledge. I hereby authorize Fitzsimons Federal Credit Union to release the scholarship information provided by me as well as other information regarding my academic progress and status, to any designated selection committee or selection advisory committee ("committees") for the purpose of providing the committees with information concerning my eligibility as a scholarship recipient. My application and the materials contained herein become the property of Fitzsimons Federal Credit Union. Additionally, I authorize Fitzsimons Federal Credit Union to use my name, photograph or likeness in any of its promotional materials.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: [scholarship@fitzsimonscu.com](mailto:scholarship@fitzsimonscu.com)**

**DEADLINE: 5:00pm Monday, May 31, 2021**

**CERTIFICACIÓN PARENTAL Y AUTORIZACIÓN DE LIBERACIÓN**

***Si el solicitante es menor de 18 años de edad en el momento de la solicitud, el padre y/o tutor legal debe firmar la liberación en nombre del niño para que la solicitud sea considerada. Si el solicitante tiene 18 años y más, por favor complete la sección titulada "certificación y liberación del solicitante".***

***Certificación de padre/guardián y liberación***

Certifico que soy el padre o guardián legal de \_\_\_\_\_ y que la información contenida en esta aplicación y cualquier información adicional proporcionada es verdadera, completa, y exacta a lo mejor de mi conocimiento. Por la presente autorizo a Fitzsimons Federal Credit Union a que libere la información de la beca proporcionada por mi hijo y por mí, así como otra información sobre el progreso académico y el estatus de mi hijo, a cualquier Comité de selección designado o a un asesor de selección. Comité ("comités") con el propósito de proporcionar a los comités información sobre la elegibilidad de mi hijo como beneficiario de una beca. La solicitud de mi hijo y los materiales contenidos en el presente se convierten en propiedad de Fitzsimons Federal Credit Union. Además, autorizo a Fitzsimons Federal Credit Union a usar el nombre, fotografía o semejanza de mi hijo/a en cualquiera de sus materiales promocionales.

Firma del padre/guardián \_\_\_\_\_ Fecha \_\_\_\_\_

***Certificación y liberación del solicitante. Por favor complete si tiene 18 años de edad o más en el momento de la solicitud.***

Certifico que tengo 18 años de edad y que la información contenida en esta aplicación y cualquier información adicional proporcionada es verdadera, completa, y exacta a lo mejor de mi conocimiento. Por la presente autorizo Cooperativa Federal de crédito Fitzsimons para divulgar la información de la beca proporcionada por mí así como otra información con respecto a mi progreso académico y estado, a cualquier Comité de selección designado o Comité Consultivo de la selección ("comités") con el fin de proporcionar a los comités con información sobre mi elegibilidad como beneficiario de una beca. Mi aplicación y los materiales aquí contenidos se convierten en propiedad de Cooperativa Federal de crédito Fitzsimons. Además, autorizo Cooperativa Federal de crédito Fitzsimons usar mi nombre, fotografía o semejanza en cualquiera de sus materiales promocionales.

Firma del solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

**Volver a:** [scholarship@fitzsimonscu.com](mailto:scholarship@fitzsimonscu.com)

**FECHA LÍMITE: lunes, 31 de mayo, 2021 a la 5 P.M.**