



Scholarship Application

Summit Choice Credit Union is dedicated to improving the lives of our members and strives to make a difference in the community. Credit Unions were founded on the basic principle of “people helping people,” and we have a long history of community support through efforts that positively impact quality of life.

Awards

Two scholarships in the amount of \$5,000 each will be awarded to two students who convey their dedication to community service and to making our community stronger and a better place to live.

Eligibility

- Applicants must be in good standing as current, active members of Summit Choice Credit Union.
- High school graduates or those planning to enroll for post-high school education or training must plan to further their education at an accredited two- or four-year college, university, or vocational, trade or technical school for the upcoming year.
- Previous recipients of this scholarship, formerly known as the Reflection of Caring Scholarship, are not eligible to apply.

Criteria

- Applicants must demonstrate a commitment to their community through service work or school activities.
- Complete this Scholarship application (no handwritten applications will be accepted)
- Submit an official school transcript
- Provide a recent digital headshot of the applicant (if you cannot provide a photo, you can make an appointment with SCCU to take one for you.)

The application and supplementary information must be submitted to the Scholarship Committee and emailed to promotions@summitchoice.org or mailed or hand delivered to the main office of Summit Choice Credit Union, Attention: Scholarship Committee, 3306 North Clinton Street, Fort Wayne, Indiana 46805. **Applications must be received by 5:00 p.m. on July 1, 2026.** Selections will be made by an impartial committee appointed by the Credit Union. Summit Choice Credit Union employees, Board and Supervisory members and volunteers, and their family members are not eligible to apply.

Selection of the recipients will be made in early August. The scholarship check will be made payable to the student and the attending college, university, or vocational school as soon as the recipient notifies us of the selected school. The funds must be dispersed by September 1, 2026 or will be forfeited.

Please indicate participation or volunteer service in your three most rewarding community experiences.

1.

2.

3.

In a well-organized paragraph, explain how one of your community outreach activities had a significant impact on you.

What have you enjoyed most about volunteer work?

How do you encourage others to understand the importance of volunteering in your community?

What are your future plans to volunteer in the community?

Summit Choice Scholarship

Scholarships will be awarded to the three applicants who have most demonstrated a commitment to their community through service work or school activities.

Name _____

Account Number _____

Address _____

City _____ State _____ Zip _____

Phone _____

Name(s) of Parent or Guardian: _____

Name of Previous Institutions or High Schools Attended _____

List the College, University, or Vocational School you plan to attend (if known)

School Address _____

Current school GPA _____

Graduation Year _____

Intended Course of Study _____

I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for the Summit Choice Scholarship.

I hereby grant Summit Choice Credit Union permission to use my photo in any and all of its publications, including website and social media entries, without payment or any other consideration. I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Summit Choice Credit Union from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature _____ Date _____

Signature of Guardian (if under 18) _____