



SOUTHEASTERN REGIONAL
CREDIT UNION SCHOOLS

Southeast CUNA Management School Scholarship Application

APPLICANT INFORMATION

Applicant Name: _____

Credit Union Name: _____

Full Address: _____

Direct Phone Number: _____

Mobile: _____

Email Address: _____

CREDIT UNION ASSET SIZE

_____ Less than \$25 M _____ \$25 - \$50 M _____ \$50 - \$100 M _____ \$100 - \$250 M

WORK EXPERIENCE AND BACKGROUND

Current Position at Credit Union

_____ Volunteer _____ CEO/Senior Staff _____ Mid-Level Staff

_____ Staff Other: _____

Other Positions Held (Professional, Chapter, League, National, Other)

Number of Years Worked/Volunteered in the Financial Services Industry

_____ 1 – 3 yrs. _____ 4 – 6 yrs. _____ 7 – 9 yrs. _____ Over 10 yrs.

CREDIT UNION PROFESSIONAL DEVELOPMENT, DESIGNATIONS, OR CERTIFICATIONS

_____ CCUE _____ CUCE _____ DE _____ CCUFC _____ FICEP
_____ CUCME _____ PRINCIPLES & PHILOSOPHY _____ CUNA SELF-STUDY COURSES

OTHER: _____

Will you receive assistance from your credit union or other source? (yes/no) _____

Other Source: _____

Will you lose wages while attending school? (yes/no) _____

Will you lose vacation time to attend? (yes/no) _____

Have you received a scholarship before? (yes/no) _____

Scholarship Awarded: _____

ESSAY

Explain what you hope to gain from your attendance at the **SE CUNA Management School** and why you feel you should be awarded a scholarship. *Please provide at least 3 – 5 sentences.*

Signature: _____

Return completed application, letter of recommendation,
and CU year-end financial statement to
Education Team at education@lscu.coop
By April 24, 2023