



FOUNDATION USE ONLY:	
Date application received:	
Amount approved:	
Date application approved:	
Notification made on:	

## **Wisconsin Credit Union Foundation 2020/2021 Professional Development Scholarship Application**

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Credit Union: \_\_\_\_\_

Credit Union Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Program you are applying for:

- Program: \_\_\_\_\_
- Hosted by: \_\_\_\_\_
- Date: \_\_\_\_\_
- Location: \_\_\_\_\_

2. Total amount requested: \$ \_\_\_\_\_ (maximum amount \$2,000)

3. Are you a young professional (under the age of 35)?  Yes  No If yes, are you in the YP Network?  Yes  No

4. How many years have you been in the credit union industry? \_\_\_\_\_

5. Do you plan to attend this event if you do not receive this professional development award?  Yes  No  
If not, why not? \_\_\_\_\_

6. Your credit union's asset size (As of 6/30):

- Under \$5M     \$5M to \$25M     \$25M to \$100M     \$100M to \$500M     Over \$500M

**Please respond to the following questions:**

1. Why are you applying for this scholarship?

2. Consider your credit union and yourself. Describe how your attendance at this event will benefit:

- You:

- Your credit union:

3. Elaborate on your long-term goals within the credit union movement.

4. Tell us about your involvement in the credit union movement and community:

- Credit union or chapter activities
  
  
  
  
  
  
  
  
  
  
- Leadership positions held
  
  
  
  
  
  
  
  
  
  
- Community involvement/volunteer activities

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CEO (or Board Chairman if applicant is CEO)

\_\_\_\_\_  
Date

*NOTE: Anything herein to the contrary notwithstanding, The Foundation reserves the right to require repayment of any scholarship or grant it awards should the credit union in question merge within a year following the date The Foundation Board takes action.*

*When completed print, sign and send with attachments to the following address:  
Please contact the Foundation with questions about this application form.*

**Wisconsin Credit Union Foundation, Inc.**  
**1 East Main Street, Suite 101**  
**Madison, WI 53703**  
**Email: [Foundation@TheLeague.coop](mailto:Foundation@TheLeague.coop)**  
**Phone: (608) 640-4040 or (800) 242-0833**