



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

**Wisconsin Credit Union Foundation
2024 Pat Wesenberg DE Scholarship Application**

APPLICANT INFORMATION

Name: _____ Title: _____

Credit Union: _____

Phone: _____ E-mail: _____

Total amount requested: \$ _____ (maximum amount \$2,500)

How many years have you been in the credit union industry as an employee or volunteer? _____

Do you plan to attend the NCUF DE Program if you do not receive this scholarship?

- Yes
- No

If no, why not? _____

If awarded the scholarship, which DE Session would you like to attend:

- Madison, In-person, September 9-13, 2024
- Madison, In-person, October 7-11, 2024

Present position with credit union:

- Volunteer
- Non-Management Employee
- Management
- President/CEO

Please respond to the following questions and limit your response to no more than 500 words.

RESPONSES TO ALL QUESTIONS IS REQUIRED – PLEASE ANSWER IN ESSAY FORMAT:

1) Why are you applying for this scholarship?

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

- a) You

- b) Your credit union

3) Elaborate on your long-term goals in the credit union movement:

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

- a) Credit union or chapter activities

- b) Leadership positions held

- c) Community involvement/volunteer activities

Applicant Signature: _____

Title: _____ **Date:** _____

CEO/President or Board Chair Signature: _____

Title: _____ **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.

Applications are due no later than Tuesday, April 30, 2024.

When completed, submit the signed application and any attachments one of three ways:

By mail: **Wisconsin Credit Union Foundation, Inc.**
 1 E. Main St., Ste. 101
 Madison, WI 53703

By email: **Foundation@TheLeague.coop**

By fax: **608-250-2606**

Please contact the Foundation at Foundation@TheLeague.coop or by phone at 608-640-4040 or 800-242-0833 with questions about this application form.