



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

**Wisconsin Credit Union Foundation**  
**2025 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 8-12, 2025

☐ Madison, In-person, October 6-10, 2025

☐ Virtual, November – December, 2025

Present position with credit union:

☐ Volunteer

☐ Non-Management Employee

☐ Management

☐ President/CEO

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

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 Wednesday, April 30, 2025.*

**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.*