



"We're making a difference."

St. Anne's Credit Union
829 South Main Street
Fall River, MA 02724

DEACON BERNARD G. THEROUX SCHOLARSHIP

2019 Information and Instructions

- **SCHOLARSHIP** – St. Anne's Credit Union will award (1) \$500 cash scholarship to a Saint Stanislaus School student entering Grades 6, 7, or 8 in the Fall of 2019.
- **STUDENT ELIGIBILITY**- Membership at St. Anne's Credit Union by the student's parent(s)/guardian(s) is required prior to submission of the scholarship application. Board Members and Employees of St. Anne's Credit Union and immediate family members (spouse, parent, child, sibling and their respective spouses or "step" of each) and household members of such employees or Board Members are not eligible.
- **JUDGING CRITERIA**- Scholarship applicants will be judged using the following criteria:
 - 1. Essay**
 - 2. Academic Performance**
 - 3. Community Service**
- Applications are attached.
- **Deadline** for filing is **May 3, 2019**.
- Applications must be typed or clearly printed.
- The completed application must include the following:
 - 1. A completed application form.**
 - 2. A school transcript or latest report card.**

3. A short narrative (not to exceed one page) on what you would do to make your community a better place.

Mail completed application package to:

St. Anne's Credit Union
829 South Main Street
Fall River, MA 02724
Attn: Paula Carvalho

Note: No consideration will be given to applications postmarked after May 3, 2019.

All information submitted in conjunction with this application will remain confidential and will also become the property of St. Anne's Credit Union. Once the scholarships are awarded, all applications, other than those selected as scholarship recipients, will be destroyed.

The scholarship winner will be notified in June.

If you have any questions regarding this scholarship application process, please contact Paula Carvalho, Assistant Vice President of Administrative Services at (508) 324-7309.

**ST. ANNE'S CREDIT UNION
DEACON BERNARD G. THEROUX
2019 SCHOLARSHIP APPLICATION**

Parent/Guardian's Name: _____
(First) (Middle Initial) (Last)

Address: _____

City: _____ Zip: _____ Phone #: _____

St. Anne's Credit Union Account #: _____

Student Name: _____ Age: _____ Grade: _____

Please provide information about other children in your family/household:

1. _____ Age: _____ School/Grade: _____
2. _____ Age: _____ School/Grade: _____
3. _____ Age: _____ School/Grade: _____
4. _____ Age: _____ School/Grade: _____

Total number of household members: _____

Please share any additional information regarding your child/family that you feel important for the scholarship committee to know (optional).

Parent's Signature

Date